



EXPERIENCE REFERENCE FORM—PE EXAM (FOR THOSE WHO DID NOT APPLY USING THE ONLINE APPLICATION SYSTEM)

INSTRUCTIONS

IMPORTANT! If you are using NCEES's "PE/PS Exam Docs" option in [MyNCEES](#) to submit your experience to the Board, you do not need to complete these forms. Also, if you used the online system to apply, use the forms provided there instead.

You must submit all required Experience documentation to meet the licensure requirement within three years of your PE Exam application; otherwise, the application expires.

Applicant Instructions:

Fill out the [Experience Reference List](#) on the next page and mail it to the Board. Retain a copy for your reference.

The [Experience Reference Form](#) that follows the List serves to document in detail your work experience under each of the supervisors on the List. You customize a copy of the Form for each of those supervisors.

Note that experience requirements vary depending upon the type of degree you earned (see [MN Rule 1800.2500 Subpart 2a](#)). Also note that qualifying experience is calculated up to no later than the day the supervisor signs your form (experience cannot be "post dated"). Read [MN Rule 1800.2805](#) for more on qualifying experience.

- NOTE!**
1. It is your responsibility to confirm with your supervisor(s) that this form has been completed and returned to the Board.
 2. Complete the areas marked **APPLICANT**. Be sure to sign and date the form (see [middle of page 1](#)).
 3. When completing the **APPLICANT** fields for the [Description of Work](#) (page 2), be detailed and accurate. Mark the type of experience specific to each work/project description you list.
 4. Provide separate copies of this form to each supervisor you listed on [Experience References](#). Include only the information/hours appropriate to each supervisor. Provide the supervisor(s) with both pages of the Experience Form, **as well as this instruction page**.
 5. Ask the supervisor(s) to return this form **directly to the Board office** (see address above). You may wish to provide them with a stamped and addressed envelope for this purpose.

Supervisor Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see [bottom of page 1](#)).
2. For the [Description of Work](#) (page 2) **initial** next to every description you can substantiate. Leave the initial field blank for any description you cannot substantiate.
3. Return the form (pages 1 and 2) **directly to the Board office** (see address above).

NOTE!

If you have questions about this form, please call the Board office at 651-296-2388.

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. If you fail to provide this data, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2020) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2020), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law or court order.



EXPERIENCE REFERENCE LIST—PE EXAM

Applicant Name _____
(Legal first name - no nicknames) (Last)

The Board will review the experience verified by your supervisors to determine if you meet the experience requirements. If you selected “Experience Reference Forms” on the PE Exam Application as your means of experience submittal (rather than “[NCEES “PE/PS Exam Docs”](#)”), you must list your supervisor(s), their profession and their company name and address below. Account for all the time from the receipt of your degree(s) to the present and also any qualifying experience gained prior to graduation, if you are using that time to meet the minimum experience requirement. **Mail this list to the Board at the address above.**

Additionally you must provide a partially completed [Experience Reference Form](#) (see [Experience Form Instructions](#) for details) to **all the supervisors listed below.**

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	Profession (If Engineering, Include the Discipline)



EXPERIENCE REFERENCE FORM PE EXAM

Please read the INSTRUCTIONS page before completing.

1: General Information and Signatures

APPLICANT: COMPLETE THIS SECTION

Applicant Name _____

(Legal first name - no nicknames)

(Last)

Applicant Title _____

(Job title under supervisor listed below)

Engineering Discipline _____

(List the discipline for which you are applying to sit)

Supervisor Name _____

Employer/Company Name _____

Employment Dates: _____ to _____

(MM/DD/YYYY)

(MM/DD/YYYY)

Employment Type: Full Time Part Time - If part time, indicate hours per week: _____

Postmark Date: _____
(MM/DD/YYYY)

Provide a date by which you want the supervisor to return this form to the Board.

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and employment. I authorize the release of information, favorable or otherwise, **directly** to the Board.

Applicant Signature _____

Date _____

SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant more thorough. All information secured from supervisors/employers is for the use of the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you provide will be private until the applicant becomes licensed, at which time it will be classified as public information.

Please return this signed and completed form to the Board by the postmark date indicated in the box above.

The applicant:

1. Worked under my direct supervision: Yes No

2. Performed engineering work in the following area(s):

Administrative Management Design Analytical Technical Other (specify) _____

3. Was primarily involved in the following engineering area(s):

Building/Structure Product Road/Bridge Materials and/or Soil Testing/Inspection

Systems Design Review of Engineering Documents Other (specify) _____

4. Provided correct employment dates and hours worked per week above: Yes No

If **no**, provide correct dates/hours: _____

Supervisor Signature _____

Date _____

2: Description of Work/Projects/Responsibilities

Applicant Name: _____

Supervisor Name: _____

APPLICANT: Use this section to document qualifying experience as defined in [MN Rule 1800.2805](#). Complete all information for each assignment or engagement. The description of work must accurately reflect the character of the work, the degree of responsibility, the location of the work, and the client. Mark the type of experience for each description at right (select all types that apply). Attach additional sheets as needed.

SUPERVISOR: Initial next to **every description** you can substantiate in the box on the column at right.



APPLICANT: Describe your work in detail (projects, location/setting, clients, degree of responsibility, skills demonstrated).	APPLICANT: Mark type of experience.*									REQUIRED! Supervisor: Initial below.
	D	P	TS	CS	RA	EE	S	OI		

D = Design P = Planning TS = Technical Specifications	* Key to Experience Type Codes CS = Codes and Standards RA = Research and Analysis	EE = Engineering Economics S = Safety OI = Observation and Inspection
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