



## APPLICATION FOR PRINCIPLES AND PRACTICE OF LAND SURVEYING (PS) AND MINNESOTA LAND SURVEYING (MNLS) EXAMS INSTRUCTIONS

### Application Packet Contents

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Required Forms

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Optional Forms

Read the instructions to determine which (if any) of the forms below you might need.

- [Request for Accommodation \(MNLS Exam\)](#)
- [Verification of Examination and/or Licensure](#) (required if not using [account.ncees.org](http://account.ncees.org) electronic method)

### Key Information

- Application deadlines are posted on the Board's website. **It is your responsibility** to complete forms and have third parties forward any documents noted in the instructions by those deadlines. **All** required forms and documents must be received **prior to Board consideration of your application**. You'll be informed by letter once it is reviewed.
- Please read the education and experience requirements ([MN Rule 1800.3505 Subp. 3](#)) prior to submitting an application.
- If any records are under a different name, include with the application a copy of your marriage license, divorce decree or legal name change document.
- Please allow 3 weeks from mailing your application before inquiring about its status.
- **For the PS Exam: Do NOT register with NCEES prior to Board approval** or you may forfeit your exam registration fee. Once you receive Board approval, it is your responsibility to register.
- **For the MNLS Exam:** Once approved, the Board will instruct you on how to register.
- Upon passing both the PS and MNLS Exams, you will receive a letter of instruction for obtaining your professional license.

### Application Steps

(Previous applicants: see [Instr-2](#).)

1. Complete all applicable parts of the form ([pages 1-6](#))
2. Complete the "Applicant" portion of the [Experience Reference Form](#) and send to your supervisor(s) for completion. See that form for detailed instructions.
3. Request final official transcripts for all degrees/credits earned. The transcript must show any degree(s) awarded and the date(s) of graduation. If any of your qualifying experience was gained after high school graduation but before completing the education requirements in [MN Rule 1800.3505 Subp. 3](#), you must also request an official high school transcript. If you hold a foreign degree, you must have your education evaluated through [NCEES Credentials Evaluations](#). Have your evaluation (if applicable) and transcript(s) sent **directly** from the institution to the Board by mail or email ([aelslagid@state.mn.us](mailto:aelslagid@state.mn.us)).
4. If you did NOT take the FS in **Minnesota**, you must request verification of having passed the Fundamentals of Land Surveying Exam. Use [account.ncees.org](http://account.ncees.org) to request electronic verification from the state that holds your passing exam results. If your state does not participate in electronic verification, complete the [Verification of Exams and Current Licensure Form](#). Send that form to your state, along with any fee they may require\*, and a stamped envelope addressed to the Minnesota Board (see address above).  
\* Some states charge a fee for verification of your records. To avoid delay in processing your request, you may wish to contact your state to determine if there is a fee or any additional instructions.
5. **Mail the application (pages 1-6), the fee of \$75.00, and any required supporting documents to the address above.** Make your check or money order payable to **MN Board of AELSLAGID**.

This application fee is nonrefundable and **applies to only one administration of the exam(s)**.

- For the MNLS: The administration (exam date) listed on this application.
- For the PS: Any single administration within 3 years of your application date.

The fee cannot be applied toward future exams, even if you do not sit for the exam, you fail the exam, or your exam application is denied. You will need to reapply and pay the application fee again.

**If you have questions regarding your application, please call the Board office at 651-296-2388.**

## PS AND MNLS APPLICATION CHECKLIST

The following checklist is provided as a optional tool to assist you in verifying that you have completed/requested all items needed. Do not include the checklist with your application; it is for your reference only.

**Deadline for the October 23, 2026, MNLS Exam Application: August 10, 2026**

### If you have **never applied** to the MN Board for the Exam or if you last applied **more than a year ago**:

Application Form - **All** pages (1-6) are completed.  
Rules of Professional Conduct (page 5) is signed and dated.  
You read and signed the affidavit (page 6).  
Experience References.  
Prepared and sent the [Experience Reference Form](#) to everyone listed in [Part F](#).  
Included the instruction page and entered a due date in the “postmarked by” field.  
**AND**  
Followed up with supervisor(s) by “postmarked by” date to confirm they mailed form to MN Board.  
Transcripts/Education Evaluation  
Request high school transcript **IF** submitting experience earned between high school graduation and bachelors degree/qualifying education.  
Requested transcripts for all undergraduate and graduate education **IF** did **not** receive LSIT from MN Board and education evaluation (if applicable).  
FS Exam verification. Either:  
Took my FS in MN; they already have exam results.  
**OR**  
Used [account.ncees.org](https://account.ncees.org) to request electronic verification from the state that holds your passing FS exam results.  
**OR**  
Prepared and sent the [Verification of Exams and Current Licensure Form](#) to the state that has your FS information, after first contacting them to determine their requirements/instructions.

### If you have **previously applied** to the MN Board for the Exam **within the last year**:

Application Form - Pages 1 and 4-6 only, **UNLESS** you have updates to pages 2-3; then resubmit all pages.  
For [Part F: Experience References](#), Provided an UPDAT-ED history for **the time between what you listed on previous application and the present** (Don’t need to repeat history already provided).  
Rules of Professional Conduct (page 5) is signed and dated.  
You read and signed the affidavit (page 6).  
UPDATED Experience References.  
Prepared and sent the [Experience Reference Form](#) to everyone listed in [Part F](#). Even if the supervisor listed previously completed this form, request again, since the form lists new hours/work that the supervisor must verify.  
Included the instruction page and entered a “due date” in the “postmarked by” field.  
**AND**  
Followed up with supervisor(s) by “postmarked by” date to confirm they mailed form to MN Board.  
**IF** you failed either PS or MNLS Exam 3 or more times, you must enclose documents/evidence of improved education or experience ([MN Rule 1800.0900 Subp.4](#)).

### First-Time OR Repeat Applicants:

For your own records, make a **copy** of the completed application & all documents you are sending to the Board.  
Make your check or money order for **\$75** payable to **MN Board of AELSLAGID**.

Your application, fee, and any supporting documents must be postmarked by the application deadline. Mail to:

**MINNESOTA BOARD OF AELSLAGID**  
85 East 7th Place, Suite 160, St. Paul, MN 55101

### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §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, Subd. 4 (2024) 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, Subd. 2 (2024, 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 it is required by law.

## NOTICE REGARDING SPECIAL ACCOMMODATIONS

**For the PS Exam:** Information regarding accommodation requests under the **American with Disabilities Act (ADA)** is posted on the NCEES website, [www.ncees.org](http://www.ncees.org), under Special Testing Accommodations. **Note:** NCEES may take up to 30 days to process your accommodation request.

**For the MNLS Exam:** To request special accommodation, send the [Accommodation Request Form](#) with your application.

### A Brief Summary of Your Rights Under the Americans with Disabilities Act

#### INTRODUCTION

The Americans with Disabilities Act ("ADA") covers "public entities." The Board is a "public entity" covered by the ADA. The Board may not refuse to allow a person with a disability to take the examination simply because the person has a disability. It must permit persons with disabilities to take the examination in an integrated setting unless separate or different measures are necessary to ensure equal opportunity. It must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to take the examination.

#### WHO IS COVERED?

The ADA provides comprehensive civil rights protection for "qualified individuals with disabilities." An "individual with a disability" is a person who: 1) has a physical or mental impairment that substantially limits a "major life activity," 2) has a record of such an impairment, or 3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not

protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the examination. The Board is not required to take any action that would result in a fundamental alteration in the nature of the examination or an undue financial and administrative burden. However, the Board must take any other action, if available, that would not result in a fundamental alteration or undue burdens but would ensure that individuals with disabilities receive the benefits or services.

#### WHAT IS REQUIRED?

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures

necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. Finally, it must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities.

Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA. The Board may not provide the examination to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective. Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. The Board cannot require an individual with a disability to accept a special accommodation or benefit if the individual chooses not to accept it.

#### QUESTIONS?

We encourage you to call the US Department of Justice, which has an ADA information line: (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free.

## EXAMS REQUIRED TO OBTAIN LICENSURE AS A MINNESOTA LAND SURVEYOR

Minnesota statutes and rules require Land Surveying licensees to take and pass the Fundamentals of Surveying (FS), Principles and Practice of Surveying (PS) AND Minnesota Land Surveying (MNLS) Examinations.

Candidates who have passed their PS in another state or land surveyors already licensed in another state must still take and pass the MNLS in order to obtain licensure in the state.

Be sure to specify in [Part B](#) of the application form if you are taking both the PS and MNLS or the MNLS only. Application fees are the same in either case.

## STUDY MATERIALS

For those seeking such materials, the NCEES has examination study material to assist in preparation for the exam. Applicants may download subject content, calculator policy, and study guide material directly from the NCEES website: [ncees.org/exams](http://ncees.org/exams), or contact:

National Council of Examiners for Engineering and Surveying  
P.O. Box 1686, Clemson, SC 29633-1686  
Phone: 864-654-6824 | Toll-free: 800-250-3196  
Fax: 864-654-6966 | Website: [www.ncees.org](http://www.ncees.org)

The Minnesota Board also provides an MNLS Candidate Handbook in PDF format from the Board website: [mn.gov/aelslagid/docs/MNLSHandbook.pdf](http://mn.gov/aelslagid/docs/MNLSHandbook.pdf).



## REQUEST FOR SPECIAL ACCOMMODATION (MNLS EXAM)

Complete this form **only if you are requesting special accommodation for the MNLS Exam** (see information on [page Instr-3](#) and below).

Those seeking accommodation for the **PS Exam** must contact NCEES (see information on [page Instr-3](#)).

The ADA requires this agency to make “reasonable accommodation” for applicants with disabilities in giving this examination. If you are a person with a disability which may affect your ability to enter the examination facility or to take any portion of the examination, the ADA may require us to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for accommodations. We ask that you inform us of any alternative arrangement you may require to take this examination. Please complete the following information:

Legal Name \_\_\_\_\_  
(Legal FIRST Name) (Legal MIDDLE Name) (Legal LAST Name) (Suffix)  
Street Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(No PO boxes)  
City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

**REQUIRED!** ☐ I have attached materials meeting [federal documentation requirements](#) in support of my accommodation request.

Examples of reasonable accommodations include (but are not limited to) readers, oral interpreter or enlarged print.

**Describe in detail your accommodation request (use additional pages, if necessary):**

### THIS SECTION FOR BOARD USE ONLY

<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED*</b>
Signature
Printed Name
Date

Location (if other than scheduled exam site):

Type of accommodation (reader, hearing impaired, etc.):

\*If denied, include copy of denial letter in applicant file.



FOR BOARD USE ONLY
Application #

## PRINCIPLES AND PRACTICE OF LAND SURVEYING (PS) EXAM AND MNLS EXAM

Application Fee: \$75

Application Deadline for October 23, 2026

MNLS: **August 10, 2026**

FOR BOARD USE ONLY
License #
Date License Issued
License Fee \$

Payment of the **\$75 application fee** is by check or money order (US funds, made payable to **MN Board of AELSLAGID**).  
The Board is unable to accept cash, credit card, or other electronic forms of payment for the application fee.  
Applications received without payment **ENCLOSED** will be returned.  
**Note:** Applications must be postmarked by the application deadline.

### Part A: Applicant Information (All fields are required.)

**Note:** If any of the information below changes after you submit this application, you must notify the Board immediately.

- Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge? ☐ No ☐ Yes (Priority processing)
- The address below is my (check one): ☐ Home ☐ Business. If **business**, list name: \_\_\_\_\_
- General/contact information:  
Legal Name \_\_\_\_\_  
(Legal FIRST Name) (Legal MIDDLE Name) (Legal LAST Name) (Suffix)  
Former Name \_\_\_\_\_  
(If applicable)  
Street Address \_\_\_\_\_  
(No PO boxes)  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
US SS # \_\_\_\_\_  
(Or ITIN, if no US Social Security #)  
Gender: ☐ Male ☐ Female  
Birth Date \_\_\_\_\_  
(MM/DD/YYYY)  
Phone # \_\_\_\_\_
- Have you ever had a license/certificate in any jurisdiction as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer disciplined, denied, surrendered, suspended or revoked? If **yes**, attach a statement of explanation. ☐ Yes ☐ No

### Part B: Examination Application Information

- For which exam(s) are you applying?  
☐ Combined PS and October 2026 MNLS ☐ October 2026 MNLS only ☐ PS only
- Have you previously taken any part of this examination (PS or MNLS) in Minnesota? ☐ Yes ☐ No



Part C: Record of Examination(s) and Licensure

1. Have you taken and passed the NCEES Fundamentals of Surveying (FS) Exam? ☐ Yes ☐ No

If **yes**, provide the information below: \_\_\_\_\_

State Where You Passed FS Exam	Month and Year Taken	Number of Exam Hours	Were you granted a waiver of the FS Exam?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part D: Education

1. List all undergraduate and graduate institutions, including where you completed non-degree coursework. **You must submit an official transcript from every educational institution you list under below**, unless you previously provided it to the Board. Transcripts must arrive direct from the institution. See the [instructions](#) for more on this and education evaluation requirements, if you hold a foreign degree.

College/University Attended	City, State, Country	Date Graduated (mm/yyyy)	Degree Received (if applicable)

2. **ONLY IF APPLICABLE:** If any experience you report in Part F of this application was earned prior to completing the education requirements in [MN Rule 1800.3505 Subp. 3](#), but after earning a high school or equivalent diploma, provide the information below. **You must submit an official transcript.** Transcripts must arrive in an envelope sealed by the institution. **If not applicable, do not provide.**

High School (or Equivalent) Attended	City, State, Country	Date Graduated (mm/yyyy)

**Part E: Coursework**

**List the courses and credits you have taken to fulfill the land surveying credit requirements specified in MN Rule 1800.3505, Subp. 4.** If completing this form electronically, use the drop-down menus to select the course credit type (semester [S] or quarter [Q]\*) and to specify the category. If completing by hand, write in this information in the appropriate field. Attach additional pages as necessary.

You need a minimum of 22 semester or 32 quarter credits in land surveying divided among at least six of the following land surveying categories: A) Cartography/Geographic Information Systems (GIS); B) Geodesy/Geodetic Surveys; C) Riparian Boundaries or Riparian Rights; D) Boundary Law; E) Route Surveying or Construction Surveying; F) Drafting/Cad; G) Cadastral Surveying or Public Land Survey System and Section Subdivision; H) Photogrammetry or Remote Sensing; I) Boundary Surveying; J) Topographic Surveying; and K) Subdivision Plats.

Course Title	Credits		Institution	Land Surveying Category
	Amt	S or Q*		

## Part F: Experience References (Qualifying Experience)

**Note: Qualifying experience is calculated up to the day you submit your application—**NOT** the date you take the exam.** The amount of experience required depends upon your education. Please read [MN Rule 1800.3505 Subpart 3](#) in its entirety.

1. List your supervisor(s)\* 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. Attach additional sheets if necessary.

**\*Your experience must be verified by supervisors who are licensed land surveyors.**

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	Land Surveyor* License Number	Issuing State

2. Provide an [Experience Reference Form](#) (included in this application packet) with the “applicant” (your) portion completed to **all the supervisors listed above**. See that [form](#) for further instructions.



## Part G: Rules of Professional Conduct (MN Rules 1805.0100-1805.1600)

Read below, then sign and date. Keep a copy for your records.

### 1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. Purpose. This chapter on professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience, and the use of the title of certified interior design.

Subp. 2. Scope. This chapter is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board.

Subp. 3. Professional responsibility. A. The professional conduct of a licensee or certificate holder must be in accordance with this chapter. B. When providing professional services, the licensee's or certificate holder's primary responsibility is the protection of the public's health, safety, and welfare.

### 1805.0200 OBLIGATION TO PROVIDE FULL DISCLOSURE.

Subpart 1. Public statements. A. A licensee or certificate holder shall avoid any act that may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity. B. A licensee or certificate holder shall be objective and truthful in all professional documents, including but not limited to plans, reports, statements, or testimony. The licensee or certificate holder shall consider relevant and pertinent information in such documents or testimony and express professional opinions publicly only when they are founded upon an adequate knowledge of the facts and a competent evaluation of the subject matter.

Subp. 1a. Credit. In connection with the work for which the licensee or certificate holder is claiming credit, the licensee or certificate holder shall accurately represent the licensee's or certificate holder's qualifications, education, and scope of responsibility for the work. The licensee or certificate holder shall also accurately represent the qualifications, education, and scope of responsibility of any employer, employees, or associates.

Subp. 2. False statements and nondisclosure. A licensee or certificate holder shall not make a false statement or fail to disclose a material fact requested in connection with an application for certification, licensure, or renewal in this state or any other state.

Subp. 3. Knowledge of unqualified applicants. A. A licensee or certificate holder shall not endorse an application for certification or licensure of another person known by the licensee or certificate holder to be unqualified in respect to character, education, experience, or other relevant factor. B. A licensee or certificate holder possessing knowledge of an applicant's qualifications for examination, licensure, or certification shall cooperate with the applicant and the board by responding regarding those qualifications when requested to do so. A licensee or certificate holder shall provide verification of employment and experience earned by an applicant under supervision if there is reasonable assurance that the facts to be verified are accurate. A licensee or certificate holder shall not knowingly sign a verification document that contains false or misleading information.

Subp. 3a. Knowledge of improper conduct by others. A licensee or certificate holder possessing knowledge of any acts prohibited by this chapter, chapter 1800, or Minnesota Statutes, sections 326.02 to 326.15, by a licensee, certificate holder, or unlicensed individual shall report such knowledge to the board. Upon questioning by the board or its representative during an official inquiry into an alleged act, a licensee or certificate holder shall disclose any knowledge the licensee or certificate holder may have in the matter.

Subp. 4. General prohibitions. A licensee or certificate holder shall not: A. circumvent a rule of professional conduct through actions of another; B. engage in illegal conduct involving moral turpitude; C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or E. permit the licensee's or certificate holder's name or seal to be affixed to plans, specifications, or other documents that were not prepared by or

under the direct supervision of the licensee or certificate holder.

### 1805.0300 CONFLICT OF INTEREST.

Subpart 1. Employment. A licensee or certificate holder shall not accept a project where a duty to the client or the public would conflict with the personal interest of the licensee or certificate holder or the interest of another client. Prior to accepting a project, the licensee or certificate holder shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. Compensation. A licensee or certificate holder shall not accept compensation for services relating or pertaining to the same project from more than one party unless: A. there is a unity of interest between or among the parties to the project; B. the licensee or certificate holder makes full disclosure; and C. the licensee or certificate holder obtains the express consent of all parties from whom compensation will be received.

Subp. 3. Gifts. A. Without the knowledge and approval of the client or the employer, a licensee or certificate holder shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, material or equipment suppliers, or other persons dealing with the client or employer in connection with the work for which the licensee or certificate holder has been retained. B. A licensee or certificate holder shall neither offer nor make any payment or gift to a government official, whether elected or appointed, with the intent of influencing the official's judgment in connection with a prospective or existing project in which the licensee or certificate holder is interested or involved.

Subp. 4. Interpretations. When acting as the interpreter of project contract documents or as the judge of contract performance, a licensee or certificate holder shall render decisions impartially, using the professional judgment of their licensed or certified discipline.

### 1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A. A licensee or certificate holder shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

B. A licensee or certificate holder shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee or certificate holder is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

### 1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee or certificate holder shall not make false or malicious statements that may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

### 1805.0650 COMPETENCE.

Subpart 1. Standards of competence. In practicing architecture, engineering, land surveying, landscape architecture, or geoscience, or when using the title of certified interior designer, each licensee or certificate holder shall act with reasonable care and competence and shall apply the knowledge and skill that is ordinarily applied by such professionals.

Subp. 2. Conformance with state and local laws and regulations. When providing professional services, a licensee or certificate holder shall not violate applicable state and local laws and regulations. Notwithstanding the duty of licensees and certificate holders to follow the law, in proceedings before the board, the board shall consider whether a licensee's or certificate holder's violation follows from incorrect advice on the meaning of a statute or regulation. In such a circumstance, the board shall consider the reasonableness of the licensee's or certificate holder's reliance on the incorrect advice in determining the appropriate sanction, if any, for the violation.

Subp. 3. Qualifications for performing professional services. A licensee or certificate holder shall perform professional

Printed Name

Date

Signature

services only when the licensee or certificate holder, together with those whom the licensee or certificate holder may engage as consultants, is qualified by education, training, and experience in the specific technical areas involved.

### 1805.0700 COMPLIANCE WITH LAWS.

Subpart 1. Violation of laws. Convictions of a felony without restoration of civil rights, or disciplinary action taken against a licensee or certificate holder by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct.

Subp. 2. Incompetence. A licensee or certificate holder adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 1.

### 1805.0800 EMPLOYMENT PRACTICES.

A licensee or certificate holder, as an employer, shall refrain from engaging in any discriminatory employment practice prohibited by law.

### 1805.0900 PROFESSIONAL MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1, shall include any act or practice in violation of the rules of professional conduct in this chapter. A licensee or certificate holder shall not engage in conduct involving bribery, collusion, corruption, fraud, or malfeasance.

### 1805.1500 REGISTRATION.

No corporation, partnership, or other firm engaged in the practice of architecture, engineering, land surveying, landscape architecture, geoscience, or two or more of these professions, shall contract with or accept employment for professional services of an architectural, engineering, land surveying, landscape architectural, or geoscience character as defined in Minnesota Statutes, sections 326.02 to 326.15, unless a member or employee of the corporation, partnership, or other firm in responsible charge of the work is registered and licensed under Minnesota Statutes, sections 326.02 to 326.15, to practice the profession called for by the employment.

### 1805.1600 RESPONSIBLE CHARGE AND DIRECT SUPERVISION.

Subpart 1. Responsible charge; defined. A person in responsible charge of architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work as used in Minnesota Statutes, section 326.14, means the person who determines and reviews design criteria, including technical aspects, advises with the client, and has direct supervision of subordinates during the course of the work and, in general, the person whose professional skill and judgment are embodied in the plans, designs, and advice involved in the work.

Subp. 2. Direct supervision; defined. A person in "direct supervision" of work as referred to in Minnesota Statutes, section 326.12, subdivision 3, means that person who is the employer, an employee of the same firm, or who is under contract to or from another firm and who is in responsible charge of the technical aspects of the architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work in progress, and whose professional skill and judgment are embodied in the plans, specifications, reports, plats, or other documents required to be certified pursuant to that subdivision. A person in direct supervision of work directs the work of other licensees, unlicensed professionals, technicians, and clerical persons assigned to that work and is in responsible charge of the project comprising the work being supervised.

**Part H: Certification Statements**

to Be Affirmed by the Applicant

Read the statements, **select the appropriate yes/no response**, then **sign** and **date** below.

A “Yes” answer means the statement is true.

If you answer “No” to any of the statements, you **must** enclose a statement of explanation for each checked statement. Your application is not considered complete until you provide the required explanation(s).[MN Rule 1800.0400 Subp. 5](#)

- |  |  |
|--|--|
| 1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2024) and the Rules and Regulations adopted thereunder;   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am not under any disciplinary proceeding or action nor had a license or certificate disciplined, denied, surrendered, suspended, or revoked in any jurisdiction up to the date of my application to the Board;  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I have never been convicted of a felony;  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. I have not performed or offered to perform any services reserved in statute to an individual who is properly licensed as an architect, professional engineer, land surveyor, landscape architect, professional geologist, or professional soil scientist in the State of Minnesota until my license has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.**


 \_\_\_\_\_  
**Applicant Signature**

 \_\_\_\_\_  
**Date**
**THIS SECTION FOR BOARD USE ONLY**

Application Withdrawn Date
----------------------------

<b>RECOMMEND DENIAL OF APPLICATION</b>
--

Board Member Signature
------------------------

Board Member Name
-------------------

Date
------

<b>RECOMMEND APPROVAL OF APPLICATION</b>
--

Board Member Signature
------------------------

Board Member Name
-------------------

Date
------



## EXPERIENCE REFERENCE FORM PS/MNLS EXAM INSTRUCTIONS

### Applicant Instructions:

This form serves to document in detail your work experience.

**Note that experience requirements vary depending upon the type of degree you earned** (see [MN Rule 1800.3505 Subp. 3](#)).

Also note that qualifying experience is calculated up to the day you submit your application—**not** the date you take the exam.

1. Complete the areas marked **APPLICANT**. Be sure to sign and date the form (see [middle of page 1](#)).
2. Provide separate copies of this form to each supervisor you listed on [Part F: Experience References](#) of the [PS/MNLS Exam Application Form](#). Include only the information/hours appropriate to each supervisor on their own copy.
3. When completing the **APPLICANT** fields for the [Description of Work](#) (page 2), be detailed and accurate. Include only information the specific supervisor can verify.
4. When completing the **APPLICANT** fields for the [“Land Surveying Inventory”](#) (page 3), complete **only the column** that matches your education type (red/left or green/right applicant column—not both). Again, include only hours the specific supervisor can verify.
5. Provide the supervisor(s) ALL pages of their copy of this form, **including this instruction page**.
6. 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 as indicated.
3. For the [“Land Surveying Inventory”](#) (page 3),
  - Initial inside the box provided for each category of hours entered by the applicant on the form. The applicant will have entered hours only in the column applicable to their degree type. Leave the other column blank.
  - Initial only those hours that you can verify. Leave a box blank if zero can be verified or correct the number and initial.
  - Return the form (pages 1-3) **directly to the Board office** (see address above).

**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 (Minnesota Statutes §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, Subd. 4 (2024) 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, Subd. 2 (2024), 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 it is required by law.



## EXPERIENCE REFERENCE FORM PS/MNLS EXAM

Please read the INSTRUCTIONS page before completing.

### 1: General Information and Signatures

#### APPLICANT: COMPLETE THIS SECTION

Applicant Name \_\_\_\_\_  
(Legal FIRST name - no nicknames ) (Legal LAST Name)

Applicant Title \_\_\_\_\_  
(Job title at employer listed below)

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 prior to any application deadline 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 obtained from supervisors/employers is for use by the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you provide will be private information until the applicant becomes licensed, at which time the information will be classified as public information.

Please return this signed and completed form (pages 1-3) to the Board by the postmark date indicated in the box above.

I hereby certify that the applicant's qualifying land surveying experience initialed by me on this form was obtained under my direct supervision and I am a duly licensed Land Surveyor, as required under the laws of the State of Minnesota ([MN Rule 1800.3505, Subpart 3B](#)).

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

LS license # \_\_\_\_\_

State where licensed \_\_\_\_\_

## Section 2: Optional SUPERVISOR comments

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**SUPERVISOR:** If you have additional comments or information that may be of value to the Board in evaluating this application, please provide them below. Attach an additional sheet, if necessary.

## Section 3: Description of Work/Projects/Areas of Responsibility

**APPLICANT:** Use this section to document “varied, progressive, practical experience at land surveying work.” ([MN Rule 1800.3505 Subp. 3](#)). Attach additional sheets as needed.

**SUPERVISOR:** Initial next to every description you can substantiate in the box on the column at right. If you can substantiate all, you may initial once and indicate “all”. If you can substantiate nothing, do not initial.



<b>APPLICANT:</b> Describe your work in detail (projects, location/setting, clients, degree of responsibility, skills demonstrated).	<b>SUPERVISOR:</b> Initial next to work you can substantiate.

## Section 4: Land Surveying Inventory

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**APPLICANT:** Check the correct box at right and complete the "Hours" rows below it.



**SUPERVISOR:** Initial in the corresponding column those hours you can verify. Leave a box blank if zero can be verified or correct the number and initial.

☐

I hold a Bachelor's with a 4-year curriculum in land surveying.

☐

I hold a Bachelor's with 22 credits in surveying/mapping.

EXPERIENCE AREA	Hours	Supervisor Initials	Hours	Supervisor Initials
<b>FIELD EXPERIENCE Categories</b>	Min. 3,120 hours with min. of 160 hours in at least 4 categories		Min. 4,990 hours with min. of 160 hours in at least 4 categories	
Section Subdivision				
Boundary Surveys				
Land Title Surveys				
Government Corner Restoration				
Geodetic Surveys				
Staking Subdivisions				
Common Interest Communities				
<b>TOTAL Field Experience</b>				
<b>OFFICE EXPERIENCE Categories</b>	Min. 1,920 hours with min. of 160 hours in at least 4 categories		Min. 3,170 hours with min. of 160 hours in at least 4 categories	
Record Research				
Record Analysis				
Survey Computations				
Description Analysis				
Description Writing				
Subdivision Design				
<b>TOTAL Office Experience</b>				
<b>PLAT COMPUTATIONS</b>	Min. of 160 hours		Min. of 160 hours	
<b>TOTAL PLAT Computations</b>				
<b>FIELD/OFFICE EXPERIENCE Categories</b>	Min. of 400 hours		Min. of 800 hours	
Right of Way Surveys				
Easement Surveys				
Mining Surveys				
Route Location Surveys				
Street Grade Design and Alignment				
<b>TOTAL FIELD/OFFICE Experience</b>				
<b>DRAFTING EXPERIENCE Categories</b>	Min. of 400 hours		Min. of 800 hours	
Boundary Survey				
Topographic Survey				
Plats				
<b>TOTAL DRAFTING Experience</b>				

**Note:** The "minimum" hours above refer to the **cumulative** verified total from all supervisors.





## VERIFICATION OF EXAMINATION AND/OR LICENSURE (LS)

### TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to the state(s) that hold your exam records.  
To avoid processing delay, check with them regarding fees or other filing requirements.

#### Section A: Contact Information and Applicant Authorization

TO: (Address of state board completing form)

Legal  
Name

(Legal FIRST Name)

(Legal MIDDLE Name)

(Legal LAST Name)

(Suffix)

Last 4 of SS # xx-xxx-

Former Name

(if applicable)

Address

City

State

ZIP

I am applying to the Minnesota Board of AELSLAGID. I authorize the Verifying Board to provide any and all pertinent information requested.

Applicant Signature

Date

### TO BE COMPLETED BY VERIFYING BOARD

Complete all relevant items in **Sections B–E** and return to the Minnesota Board at the address above.

#### Section B: Registrations/Licenses Held by Applicant

Registration	Certificate/License #	Date Issued (mm/dd/yyyy)	Expires (mm/dd/yyyy)
Land Surveyor-in-Training			
Professional Land Surveyor			

#### Section D: Investigations or Complaints

Has formal disciplinary action ever been taken  
against the above-named individual?

If **yes**, attach a detailed  
explanation.

☐ Yes

☐ No

#### Section C: Record of Examinations

(Check box next to applicable situation and provide any details requested.)

☐ EXAMINATION (Provide information applicable to exam type below)

Written Exam	Hours	Exam Date	NCEES	Results
Fundamentals (FS)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Principles/Practice (PS)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

#### Section E: Verifying Board Signature

The information provided herein is correct to  
the best of our knowledge.

Signature

Title

Date

Other (describe):

Was the FS waived? ☐ Yes ☐ No

☐ FS ACCEPTED from the following state: \_\_\_\_\_

☐ PS ACCEPTED from the following state: \_\_\_\_\_

☐ COMITY with the following state(s): \_\_\_\_\_

Board  
Seal