



FOR BOARD USE ONLY
Application #

APPLICATION FOR CERTIFICATION AS AN INTERIOR DESIGNER FOR MINNESOTA LICENSED ARCHITECTS

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

Use of the title “Certified Interior Designer” is restricted to those who have met the requirements in Minnesota Statutes and Rules. **Architects licensed in Minnesota** may use this form to request use of the title “Certified Interior Designer.”

Complete and print this application. Then mail with the application fee of \$50 to the address above.

Make your check payable to **Minnesota Board of AELSLAGID**.

If your application is approved, the Board will request a certification fee.

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

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

- 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
- The address below is my (check one): Home Business. If **business**, list name: _____
- General/contact information:

Legal Name _____ <small>(First) (Middle) (Last) (Suffix)</small>	US SS # _____ <small>(Or ITIN, if no US Social Security #)</small>
Former Name _____ <small>(If applicable)</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address _____ <small>(No PO boxes)</small>	Birth Date _____ <small>(MM) (DD) (YYYY)</small>
City _____ State/Province _____	
ZIP/Postal Code _____ Country _____	Phone # _____

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. You are not legally required to provide this data; however, if you fail to do so, 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.

Part B: Certification Statements

to Be Affirmed by the Applicant

Read the statements, **select the appropriate true/false response**, then **sign** and **date** below.

If you answer “False” 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 \(2023\)](#)

- 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; True False
- 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; True False
- 3. I have never been convicted of a felony; True False
- 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 True False
- 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. True False

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

MN Architect license #

THIS SECTION FOR BOARD USE ONLY

APPROVAL BY DELEGATION OF AUTHORITY	
Signature	Date