



Accepted Types of Business Organizations

- ◆ Corporation, Professional Service Corporation, General Partnership, Limited Liability Partnership, Limited Partnership
- ◆ Professional Limited Liability Company
- ◆ Sole Proprietorship/D.B.A.

Professional Services Offered by the Firm

- ◆ Architecture
- ◆ Land Surveying
- ◆ Professional Engineering
- ◆ Structural Engineering

DO NOT COMPLETE THIS APPLICATION IF:

- Your firm is currently (or was previously) registered as a Professional Design firm with the Department and you need to make a change to your registration. Contact the Department at FPR.LMU@Illinois.gov for instructions on how to proceed with your specific situation.

Read this before applying.

- Any organization practicing or offering to practice one or any combination of the above mentioned professions in Illinois must apply to the Department for registration as a Professional Design Firm. Failure in doing so is a violation of Illinois law and subject to disciplinary action and/or fines.
- **Sole Proprietorships:** Registration is not required for a licensed sole proprietor who offers or provides design services in his or her individual name and is not employing other individuals to perform work for which professional licensure is required. However, any sole proprietorship conducting business as a design professional under an assumed name is required to register as a professional design firm. Any sole proprietorship not owned by an Illinois licensed design professional is prohibited from offering professional services to the public.

REGISTRATION REQUIREMENTS

Illinois Secretary of State Requirement:

Prior to applying with the Department, the authority to transact business in Illinois **must** be obtained from the Illinois Secretary of State (IL SOS) <https://www.ilsos.gov>. (IL SOS registration is not required for a sole proprietor).

- The IL SOS requires that all businesses organized as an Limited Liability Company (LLC) and who plan to provide professional services which are regulated/licensed by this Department, must register as a Professional Limited Liability Company (PLLC) with the IL SOS or have an assumed name listed as a PLLC. *As such, an LLC is not accepted for registration as a Professional Design Firm with this Department.*
- The “purposes” section of your IL SOS application must include the **specific** profession(s) for which the design firm is seeking registration. The engineering profession must be specified as either Professional Engineering or Structural Engineering; unless you plan to offer both, then you would list each as shown below.

Sample Purpose Clauses:

- To practice Architecture, pursuant to the Illinois Architecture Practice Act.
- To practice Land Surveying, pursuant to the Illinois Land Surveying Practice Act.
- To practice Professional Engineering, pursuant to the Illinois Professional Engineering Practice Act.
- To practice Structural Engineering, pursuant to the Illinois Structural Engineering Practice Act.

Special Requirement for the practice of Architecture:

Two-thirds of the individuals who make up the business organization's Board of Directors/Members/Partners must be licensed in any of the four applicable design professions (in Illinois or any U.S. State/territory), with one being licensed in Illinois as an architect who will function as the Managing Agent for the firm.

Managing Agent Requirement:

The organization, through official Board Resolution of the organization's Board of Directors/Members/Partners, must appoint a Managing Agent who is licensed in Illinois for the profession(s) in which the organization plans to offer and who will be in Responsible Control for the respective profession(s) in Illinois.

- The managing agent must be a **full-time employee** of the business organization. For the profession of architecture, the named Managing Agent must also be a director, member, or partner of the business organization. A Firm may appoint more than one managing agent for a profession if desired. **A sample Board Resolution is below.**
- An individual can only be named Managing Agent of a profession for one firm at a given time.
- A Resolution must be made for each Managing Agent that is being appointed.
- If the firm's practice includes architecture, the licensee designated as the managing agent for architecture must be a member of the board of directors, full partner, or member of PLLC or LLP and stated as such in the resolution.
- The engineering profession must be specified as either Professional Engineering or Structural Engineering.

SAMPLE RESOLUTION OF THE BOARD

The **(Board of Directors/Members/Partners)** of **(Firm Name)**, designates **(Name of licensee)** who is licensed in Illinois as a/an **(Architect/Land Surveyor/Professional Engineer/Structural Engineer)** under **(License number)**, **(For Architects only - Member of the Board of Directors/Members/Partners)**, and a full time employee, as the managing agent in charge of all the **(Architect/Land Surveyor/Professional Engineer/Structural Engineer)** activities in Illinois.

_____ (DATE)

_____ (DATE)

APPLICATION INSTRUCTIONS

Step I - Complete the **two-page** application using the below:
To start, select the profession(s) for which the design firm is seeking registration.

Part I - Firm Identification Information

Section A. Select the applicable type of business organization.

Section B. Complete fields 1-6.

- *A valid Business Email Address is required.*
- *Sole proprietors - the Professional Design Firm name is the Assumed Name filed with the County Clerk.*
- *The Firm must list all Assumed Names to be used in Illinois. Skip if not applicable.*

Section C. Complete this section if you plan to offer architectural or land surveying services from one or more Illinois offices. *Skip this section if you have no Illinois office.*

Part II: Director/Partner/Member Information

List the name of each Director/Partner/Member of the business organization and if applicable, the type of professional license, state of licensure (i.e. Illinois) and license number for each individual.

Part III: Managing Agent Certification

Complete this for each Managing Agent to be named.

Part IV: Business Organization Certification

An authorized individual of the business must sign and date the application for it to be accepted.

Step II - APPLICATION FEE

- The **NON-REFUNDABLE** fee of \$75 (check or money order) in U.S. currency made payable to IDFPR.

Step III - COMPLETE THE APPLICATION CHECKLIST

- All applicants must complete the checklist and return with the application in order to process the application.

Step IV - MAIL APPLICATION PACKET

- Mail the application, fee, application checklist and applicable supporting documents to the address below.

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

Step V - QUESTIONS

- Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.asp>) for answers to most questions. If not addressed in our FAQ's, please contact the Department at **800.560.6420** or email us at FPR.DesignUnit@Illinois.gov
- Please allow four business weeks from applying before making an inquiry concerning its status.

APPLICATION CHECKLIST

APPLICANT NAME: _____

All applicants must complete this checklist and return with the completed application. Check only what applies to you.

ALL APPLICANTS TO REVIEW AND CHECK:

- A completed application.
- An application fee of \$75 by check or money order (payable to IDFPR) in U.S. currency.
- Board Resolution for each managing agent being named.

CORPORATION, PROFESSIONAL SERVICE CORP., PLLC, LLP, LTD. PARTNERSHIP:

- A copy of the approved "FILED" Articles of Incorporation, Certificate of Authority, Articles of Organization/Operating Agreement, Ltd. Partnership Agreement submitted to the IL SOS for authority to transact business in Illinois.
- A copy of a current Certificate of Good Standing issued by the IL SOS.
(Not required if first registered within the last year with the IL SOS.)
- If applicable, submit a "FILED" copy of the application with the IL SOS to adopt an Assumed Name.

GENERAL PARTNERSHIP:

- A copy of the signed and dated Partnership Agreement.
- A copy of the approved documentation from the County Clerk where the partnership has been filed.

SOLE PROPRIETOR:

- A copy of the a letter from the County Clerk where the Assumed Name has been filed.

Signature of Firm Representative

Date

IMPORTANT INFORMATION ONCE REGISTERED

- ◆ The registration will expire on April 30 of each odd numbered year regardless of when it is issued.
- ◆ It is a violation to solicit or provide professional services if the firm is not authorized by this Department to offer said services.
- ◆ All technical submissions prepared by the Professional Design Firm shall contain the design firm registration number issued by the Department.
- ◆ The registration will become INOPERABLE for ALL professions if the license of any Managing Agent becomes inactive or not-renewed and the Firm is prohibited from perform any professional services until a replacement is named.
- ◆ By law, in the event the managing agent status changes, the Firm must notify the Department within 10 business days and shall notify the Department within 30 days of the name and license number of the newly designated managing agent by submitting a Resolution of the board/members/partners and the seal and signature of the new managing agent. To notify the Department that a change is taking place or to submit the change of managing agent form, please email:
FPR.LMU@Illinois.gov



PROFESSIONAL DESIGN FIRM REGISTRATION APPLICATION

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 305, 325, 330, and 340 (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide this information could result in a penalty as outlined in said ACT. **Carefully follow all steps outlined in the application instructions. Type or print legibly.**

PROFESSION CODE: 184 **APPLICATION FEE: \$75** **PROFESSIONS YOUR FIRM OFFERS:** (check all the apply)

Architecture
 Land Surveying
 Professional Engineering
 Structural Engineering

PART I - Firm Identification Information

A. CHECK THE CORRESPONDING BOX INDICATING THE APPROPRIATE **TYPE OF BUSINESS** YOUR FIRM HAS. (Check only one.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship/D.B.A. | <input type="checkbox"/> Professional Limited Liability Company (PLLC) |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Professional Service Corporation | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership (LLP) | |

B. NAME OF BUSINESS AND PRINCIPAL ADDRESS

1. NAME OF BUSINESS		2. FEIN NUMBER OR SSN OF OWNER IF SOLE PROPRIETOR	
3. PRINCIPAL OFFICE ADDRESS (STREET)		(CITY)	(STATE/PROVINCE)
			(POSTAL CODE)
4. BUSINESS E-MAIL ADDRESS (REQUIRED)	5. BUSINESS TELEPHONE NUMBER <small>xxx-xxx-xxxx</small>		6. DATE OF FORMATION/INCORPORATION <small>xx-xx-xxxx</small>

ASSUMED NAME(S) OF BUSINESS - BEING USED IN ILLINOIS:

- A. _____
- B. _____
- C. _____

DEPARTMENT USE ONLY

C. ADDRESS OF EACH OFFICE IN ILLINOIS AT WHICH PROFESSIONAL SERVICES ARE PROVIDED. (Skip if no Illinois Office)

1. ADDRESS:		2. ADDRESS:	
Will this location offer or provide architectural services in Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide name and Illinois license number of the Resident Architect, a full time employee at this location: Name: _____ Lic. #: _____	Will this location offer or provide architectural services in Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide name and Illinois license number of the Resident Architect, a full time employee at this location: Name: _____ Lic. #: _____
Will this location offer or provide land surveying services in Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide name and Illinois license number of the Resident Land Surveyor, a full time employee at this location: Name: _____ Lic. #: _____	Will this location offer or provide land surveying services in Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide name and Illinois license number of the Resident Land Surveyor, a full time employee at this location: Name: _____ Lic. #: _____

Professional Design Firm Registration Application (Continued)

PART II - DIRECTOR / PARTNER / MEMBER INFORMATION

For ALL Directors / Partners / Members, please list their names, address, and if applicable, professional licensure information. Attach a separate sheet if additional space is required.

NAME AND ADDRESS	TYPE OF LICENSE(S)	STATE(S) ISSUING LICENSURE	LICENSE NUMBER(S)

PART III - MANAGING AGENT CERTIFICATION

Each managing agent designated in an attached Board resolution, must complete a segment below. If a managing agent licensed in more than one profession is designated as having more than one profession in her/his charge, then the licensee should complete a section for each designated profession. (If more space is needed, you may photocopy this side for additional space; please reflect the firm name on additional sheets.)

A. I am designated as the managing agent in charge of the profession marked below:

Architecture Land Surveying Professional Engineering Structural Engineering

1. NAME	2. ADDRESS	3. ILLINOIS LICENSE NUMBER

I hereby certify: that I have accepted the designation as managing agent for the profession and license reflected.

_____ _____
Signature of Managing Agent Date

A. I am designated as the managing agent in charge of the profession marked below:

Architecture Land Surveying Professional Engineering Structural Engineering

1. NAME	2. ADDRESS	3. ILLINOIS LICENSE NUMBER

I hereby certify: that I have accepted the designation as managing agent for the profession and license reflected.

_____ _____
Signature of Managing Agent Date

PART IV - BUSINESS ORGANIZATION CERTIFICATION

I hereby certify: that I completed and/or reviewed this application, and the answers appearing herein are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this firm.

_____ _____
Signature of Firm Representative Date

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Name of Firm:

FEIN or SS#:

Profession Name:

Professional Design Firm