



**Important Information:**

- ◆ We recommend that you review the Education, Examination and Experience requirements prior to applying, which can be found at: <https://www.idfpr.illinois.gov/profs/LandSurv.asp>
- ◆ An application is active for three years from the date of receipt by the Department.

**Abbreviations used in this document:**

- National Council of Examiners for Engineering and Surveying (**NCEES**)
- Continental Testing Services, Inc. (**CTS**)
- Professional Land Surveyor (**PLS**)
- Surveyor Intern (**SI**)
- Fundamentals of Surveying Exam (**FS**)
- Principles and Practice of Surveying Exam (**PS**)
- Illinois Jurisdictional Exam (**IJ**)

## PROFESSIONAL DESIGN FIRM REQUIREMENT

Any company that offers professional services in Illinois must be registered as a Professional Design Firm (PDF) with this Department. Professional services include: Architecture, Professional Engineering, Structural Engineering, and/or Land Surveying. **Offering services without a PDF registration is a violation of each of the four design profession Acts and subject to discipline by the Department.** Applicants are encouraged to advise a company principal of this requirement.

You may review the requirements here: <https://www.idfpr.illinois.gov/Forms/RegRequirementsProfDesignFirm.pdf>

## EXAM APPROVAL

**Exam approval is a multi-step process:**

- 1) Register with NCEES ([www.ncees.org](http://www.ncees.org)) for the FS or PS examination.
- 2) Register with CTS ([www.continentaltestinginc.net](http://www.continentaltestinginc.net)) for the IJ examination (for license candidates only).
- 3) Submit your application to the Department for the Board to review your education and/or experience and verify that it meets Illinois specific requirements. Once your education and/or experience has been approved by the Board to sit for the applicable exam(s), you will receive an exam approval letter and your exam registration will be approved.

# SURVEYOR INTERN AND LICENSE QUALIFICATIONS

## **EDUCATION:**

There are two (2) types of Baccalaureate degrees that are accepted under the Land Surveyor Practice Act. Note, the educational requirement is based upon a Baccalaureate degree, not a post-graduate degree.

- ◆ **Baccalaureate degree in Land Surveying with 24 hours of LS coursework - Approved Program.**  
(Section 1270.15 of the Administrative Rules).
- ◆ **Baccalaureate degree with 24 hours of LS coursework.**  
(Section 1270.15 of the Administrative Rules).
- ◆ Include official descriptions for land surveying courses to be reviewed by the Board for possible acceptance.
- ◆ Acceptable coursework to satisfy the 24 hour requirement includes, but is not limited to; fundamentals of land surveying, boundary surveying, route surveying, topographic surveying, descriptions, legal aspects, subdivision design, data computations and adjustments, map projections and geometric geodemy and photogrammetry. Note: the Board may also credit an advanced "CAD" course in this category.

## **Foreign Educated Applicants:**

- ◆ **NCEES Credential Evaluation.** If your Baccalaureate degree was earned outside the United States, an NCEES Credential Evaluation of the Baccalaureate degree is required, pursuant to Section 1270.5 & 1270.10 of the Administrative Rules. The educational courses must meet Illinois specific requirements, which may differ from the NCEES standard. Here is the link to start the process: <http://ncees.org/credentials-evaluations/>
- ◆ **TOEFL-iBT Exam.** If your Baccalaureate courses were not taught in English; as indicated on your NCEES evaluation, you are required to provide proof of passage of the TOEFL-iBT, pursuant to Section 1270.5 & 1270.10 of the Administrative Rules. Here is the link to take the TOEFL exam: <http://www.ets.org>

## **EXAMINATION:**

Pursuant to Section 1270.20 of the Administrative Rules, there are three examinations that are currently administered and accepted for the Land Surveyor profession:

- ◆ **For enrollment as an Surveyor Intern:** NCEES - FS Examination
- ◆ **For licensure as a Professional Land Surveyor:** NCEES - FS, PS and the State IJ examinations.

**Note:** Applicants for licensure who passed the national exams outside Illinois must still have the required experience by Illinois law prior to being approved to sit for the IJ examination to be licensed.

## **EXPERIENCE:**

Review Section 1270.13 of the Administrative Rules for acceptable experience requirements.

## **Land Surveyor License:**

1. **Four (4) years** of land surveying experience in Responsible Charge is required for all applicants.

## ENROLLMENT AS A SURVEYOR INTERN

Enrollment is based on education and examination.

### MINIMUM REQUIREMENTS:

- ◆ Education meeting one of the requirements as shown on page two.
- ◆ Successful passage of the FS examination.

Upon successful passage of the FS exam and after your score information has been received by the Department, you will receive an email from the Department with a link to download your SI certificate.

### **IMPORTANT:**

Unless you pass the FS exam with pre-approval from the Illinois PLS Board you cannot be enrolled as an SI.

## LINCENSURE AS A PROFESSIONAL LAND SURVEYOR

Approval of licensure is based on education, examination and experience.

### MINIMUM REQUIREMENTS:

- ◆ Education meeting one of the requirements as shown on page two.
- ◆ Successful passage of the FS and PS examinations.
- ◆ Required Land Surveying experience as shown on page two.
- ◆ All applicants for licensure must successfully pass the IJ examination (after meeting experience requirement).

## APPLICATION INSTRUCTIONS

### IMPORTANT:

This application is used by the Department for over 100 professions. Not all portions may apply. Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will assist you in accurately completing your application and eliminate any delay in processing. There are five steps to complete in order for your application to be reviewed.

**Step I** - Complete the **four-page Application for Licensure/Examination** using the below parts:

**Part I - APPLICATION CATEGORY INFORMATION AND FEES.**

**Part IA.** Select this **ONLY** if you are a current military service member/spouse.

**Part IB.** Use the chart below to complete **PART IB 1- 4** of the application to select your method of application. Use the rows to locate the exam or method of licensure you are applying for.

Profession Name:	Profession Code	Licensure Method	Fee
Surveyor Intern	028	Examination	\$70
Professional Land Surveyor	035	Examination	\$150
Professional Land Surveyor	035	Endorsement of License	\$150

## **Part II - APPLICANT IDENTIFICATION INFORMATION.**

All applicants must complete this section. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME CHANGE; (i.e. copy of marriage license, divorce de-cree, affidavit or court order). **A valid email address is required to receive all department notifications, license download link and renewal notices.** *If you do not have a U.S. Social Security Number, contact the Department for the appropriate affidavit form.*

## **Part III - EDUCATION INFORMATION.**

All applicants (except those submitting an NCEES Record) must complete this section. All applicants must submit an official transcript from each college listed on the application unless contained in your NCEES Record or Credential Evaluation.

## **Part IV - RECORD OF LICENSURE INFORMATION.**

Only applicants that currently hold an SI/SIT certificate or Land Surveyor license/registration in another U.S. jurisdiction must complete this section. **List ONLY the active SI/SIT certificate or license(s) you hold.**

## **Part V - RECORD OF EXAMINATION.**

Only applicants that have taken an exam must complete this section. Applicants must verify that they have taken and passed each appropriate examination. Review page two for the required examination(s). **DO NOT LIST FAILED EXAMINATIONS, ONLY LIST EXAMINATION(S) YOU HAVE PASSED.**

## **Part VI - PERSONAL HISTORY INFORMATION.**

All applicants must complete this section. If you answer YES to any question, you must submit the required documentation set forth by that question and include a personal statement.

## **PART VII – EXAM CODING INFORMATION.**

All applicants SKIP this section.

## **Part VIII - CHILD SUPPORT AND TAX INFORMATION.**

All applicants must complete this section by law.

## **Part IX - CERTIFYING STATEMENT.**

All applicants must sign and date the application for it to be accepted.

## **Step II - APPLICATION FEE**

◆ The **NON-REFUNDABLE** fee must be a 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**

◆ Mail the application, fee, application checklist and any supporting documents to the address below.

**Illinois Department of Financial and Professional Regulation,  
Attn: Division of Professional Regulation, Design/PSS4  
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](mailto:FPR.DesignUnit@illinois.gov)
- ◆ Please allow four business weeks from applying before making an inquiry concerning its status.

## REQUIRED SUPPORTING DOCUMENTS

### **OFFICIAL TRANSCRIPTS:**

Applicants who graduated from a U.S. or Canadian University must submit official conferred degree transcripts for any degree you wish to claim. Have your University use their respective electronic service to send the transcript directly to the Department at: [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov)

Foreign graduates do not need to submit additional copies of their foreign transcripts as they should be included with the NCEES Credential Evaluation submitted to the Department for Board review of your education.

For licensure: If you are currently enrolled as an Illinois Surveyor Intern, a BS transcript is not required for license application as you have met the educational requirement. Simply include a copy of your SI certificate with your application.

### **EXAM CERTIFICATION:**

Any exam not passed under the Illinois Jurisdiction requires an official state certification/verification from the state board where you took the exam through the MyNCEES system to the Illinois PE Board OR via email to [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov) Note: An NCEES score report is not acceptable.

### **VE-LSR FORM - VERIFICATION OF EMPLOYMENT / EXPERIENCE:**

Acceptable experience must be gained under the supervision of a licensed Land Surveyor. The experience requirement begins AFTER passage of the FS examination.

Complete a separate form for each supervisor/place of employment and have the supervisor complete the form and email directly to [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov)

## ENDORSEMENT APPLICANTS

### **LICENSE CERTIFICATION:**

An official state certification/verification for proof of active licensure/registration in the current state/territory must be submitted through the NCEES system to the Illinois PLS Board OR via email from the state board to: [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov)

### **EXPERIENCE REQUIREMENT:**

If not submitting an NCEES Record, the Board allows for self-verification of land surveying experience under the applicant's own license. Complete the VE-LSR form as your own supervisor.

## NCEES RECORD HOLDERS

- ◆ Applicants submitting an NCEES Record need only complete page 1 and 4 of the application.
- ◆ Applicants submitting an NCEES Record as supplemental documentation to the application are not required to submit exam or license certifications, official transcript(s) or complete the VE-LSR form\* as long as the information is included in the record.  
  
\*Initial license applicants must still submit the VE-LSR form for experience as the NCEES Record is not specific in terms of the Responsible Charge requirement.
- ◆ The Board may still require any of the above documents if clarification is needed for any reason.

# APPLICATION CHECKLIST

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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 original application.
- An application fee, check or money order (payable to IDFPR) in U.S. currency.
- You have requested official transcripts for your conferred Baccalaureate degree and any other education you are claiming to be sent to the Department. (Not applicable for foreign educated applicants as this should be contained in your NCEES evaluation).
- You have requested your supervisor(s) to submit a Verification of Experience (**VE-LSR**) form for experience to be reviewed. This is required for all initial license applicants and any endorsement applicant not submitting an NCEES Record.
- You have requested a certification from the jurisdiction where the FS Exam was passed (N/A if passed in Illinois)
- You have requested a certification from the jurisdiction where the PS Exam was passed (N/A if passed in Illinois)
- You have requested a certification from the **original** state of licensure. (For Endorsement applicants)
- You have requested a certification from the **current** state of active practice. (For Endorsement applicants)
- You have requested an **NCEES** Record to be sent to the Illinois PLS Board in lieu of transcripts, experience and certifications. Note: The **NCEES** Record transmittal fee is separate from the license application fee with IDFPR.

## FOREIGN EDUCATED APPLICANTS TO REVIEW AND CHECK:

- You have requested an **NCEES** Credentials Evaluation to be sent to the Illinois PLS Board. Required for all applicants whose BS degree was gained outside the U.S.
- You have requested your **TOEFL-iBT** examination results to be sent to the Department. (if applicable)

## IMPORTANT INFORMATION ONCE LICENSED

- ◆ Upon successful passage of the FS, PS and IJ examinations and after your score information has been received by the Department, you will receive an email from the Department with a link to download your PLS license.
- ◆ All Land Surveyor licenses expire on November 30th of even-numbered years, regardless of issuance date.
- ◆ It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.
- ◆ We highly recommend that you review the Code Enforcement Manual as it will provide a sample of what your Illinois license seal/stamp should look like and other useful information regarding your profession.

**You may access the manual here:** [https://www.idfpr.illinois.gov/forms/DPR/Design\\_Code\\_Manual.pdf](https://www.idfpr.illinois.gov/forms/DPR/Design_Code_Manual.pdf)

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application.  Military  Military Spouse  Not Military  Decline to Answer  
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
--------------------	--------------------	---------------------	--------------

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |                                                                                                                                                                |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.                                                       | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____                                                                                                                          |                                                                                                                                                                     |

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____-____-____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____-____-____
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____-____-____
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____/____/____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____-____ Home: (____) _____-____ (Area Code) (Area Code) Fax: (____) _____-____ Fax: (____) _____-____ (Area Code) (Area Code)		12. <b>REQUIRED</b> E-MAIL ADDRESS

**NAME (Last, First, MI):**

**SS#:**

**Profession:**

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)  
**1 2 3 4 5 6 7 8 9 10 11 12**      Graduated High School?  Yes  No      Received OR G.E.D.?  Yes  No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED      3. LAST PRELIMINARY SCHOOL LOCATION (City and State)      4. DATE OF GRADUATION  
 \_\_\_\_\_ / \_\_\_\_\_  
 Month      Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)  
**1 2 3 4 5 6 7 8**      Graduated?  Yes  No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



**NAME (Last, First, MI):**

**SS#:**

**Profession:**

**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

<b>PART VI: Personal History Information (This part must be completed by all applicants)</b>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

<b>PART VII: Examination Coding Information (This part is for examination applicants only)</b>																								
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:																								
a) CHART II - Select examination(s) you desire and enter Test Codes																								
<table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>																								
b) CHART III - Select the examination site you desire and enter Test Center Code:																								
<table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 25px; height: 15px;"></td> <td style="width: 25px; height: 15px;"></td> <td style="width: 25px; height: 15px;"></td> <td style="width: 25px; height: 15px;"></td> </tr> </table>																								
c) CHART IV - Find your School of Graduation and enter school code:																								
<table border="1" style="border-collapse: collapse; width: 200px; height: 20px;"> <tr> <td style="width: 100%; height: 15px;"></td> </tr> </table>																								
d) Record the number of times you have taken this exam in Illinois or any other state:																								
<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>																								

<b>PART VIII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)</b>
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b></p> <p>Are you more than 30 days delinquent in complying with a child support order? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>  <small>(NOTE: If you are not subject to a child support order, answer "no.")</small></p>
<p>2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."</p> <p>Are you delinquent in the filing of state taxes? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>

<b>PART IX: Certifying Statement</b>				
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">_____</td> <td style="width: 50%; border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature of Applicant</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	Signature of Applicant	Date
_____	_____			
Signature of Applicant	Date			
<b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b> 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.				

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 340/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

# VE - LSR

### APPLICANT INFORMATION:

1. NAME	LAST	FIRST	MIDDLE	DEPARTMENT USE ONLY
2. SOCIAL SECURITY NUMBER				

### REQUIREMENTS AND INSTRUCTIONS:

For experience to be accepted, the supervisor must be licensed as a Professional Land Surveyor pursuant to Section 5 of the PLS Act; who is in direct control and supervision of the applicant.

**Applicant:** Complete the top portion of the form then forward to your supervisor to complete the remainder of it. Applicants applying for Endorsement without an NCEES Record may self-verify their experience as the supervisor from the date of initial licensure.

**Supervisor:** Complete the remainder of the form and email it directly to the Department at the address below in order for it to be associated with the applicant's application for review by the Board.

Email to: [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov)

### SUPERVISOR INFORMATION:

A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISION)																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">C. SUPERVISOR LICENSE INFORMATION</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>APPLICABLE STATE(S) OF LICENSURE</td> <td>MO/YR INITIALLY LICENSED</td> <td>LICENSE NUMBER</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> </table>	C. SUPERVISOR LICENSE INFORMATION				APPLICABLE STATE(S) OF LICENSURE	MO/YR INITIALLY LICENSED	LICENSE NUMBER		_____	_____	_____		_____	_____	_____		_____	_____	_____		_____	_____	_____		D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE  E. SUPERVISOR CONTACT INFORMATION Phone (____) _____ - _____ Email _____
C. SUPERVISOR LICENSE INFORMATION																									
APPLICABLE STATE(S) OF LICENSURE	MO/YR INITIALLY LICENSED	LICENSE NUMBER																							
_____	_____	_____																							
_____	_____	_____																							
_____	_____	_____																							
_____	_____	_____																							

### EMPLOYMENT / EXPERIENCE INFORMATION:

1. APPLICANT EMPLOYMENT INFORMATION DURING YOUR SUPERVISION.

A. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	B. TOTAL TIME EMPLOYED ____ Years    ____ Months	C. DATES OF EMPLOYMENT (Use exact dates, not "present") From ____ / ____ / ____ To ____ / ____ / ____ <small style="margin-left: 20px;">Month    Day    Year                          Month    Day    Year</small>
------------------------------------------------------------------------------------------------	-----------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2. RESPONSIBLE CHARGE REQUIREMENT.  
 Was the applicant in responsible charge of the land surveying activities with responsibility for successful accomplishment of the work, SUBJECT TO THE OVERALL SUPERVISION OF A LICENSED PROFESSIONAL LAND SURVEYOR, including but not limited to, making decisions on questions pertaining to the establishment or reestablishment of boundary lines, determining the position of any monument, etc.?  NO     YES

3. If you answered YES to the above, please indicate the number of months in Responsible Charge below.

**Number of Months in Responsible Charge under your supervision:** \_\_\_\_\_  
 (If no experience was in Responsible Charge, please indicate with a zero)

4. IN YOUR PROFESSIONAL OPINION, IS THERE ANYTHING THAT WOULD CAUSE YOU TO BELIEVE THE APPLICANT SHOULD **NOT** BE LICENSED IN ILLINOIS AS A PROFESSIONAL LAND SURVEYOR AT THIS TIME?

NO     YES (explain below if yes)

5. DID THE APPLICANT, UNDER YOUR OVERALL SUPERVISION, ENGAGE IN THE FOLLOWING SURVEYING ACTIVITIES 25% TO 50% OF TIME:

- a) field procedures to perform boundary surveys of existing or proposed tracts of land;
- b) field procedures to locate or re-establish section corners that are part of the public land survey system;
- c) field procedures to perform surveys for subdivisions and condominiums.

Yes       No

DID THE APPLICANT, UNDER YOUR OVERALL SUPERVISION, ENGAGE IN THE FOLLOWING SURVEYING ACTIVITIES THE REMAINING PERCENT OF TIME:

- a) research of records to obtain data to perform boundary surveys or obtain other required data;
- b) calculations and analyses of data to determine locations, dimensions and area of existing or proposed tracts of land;
- c) calculations and analyses of data to determine position of section corners or locations, dimensions or areas of aliquot parts of sections, all in the public land survey system;
- d) preparation of legal descriptions;
- e) preparation of plats of surveys for existing or proposed tracts of land;
- f) preparation of plats of subdivisions and/or plats of condominiums;
- g) preparation of section corner monument records;
- h) field procedures to perform topographic surveys;
- i) preparation of topographic plats of surveys.
- j) staking the alignments or elevation of proposed improvements.

Yes       No

6. DESCRIPTION OF LAND SURVEYING PROJECTS.

**Describe in detail, the types of land surveying projects on which the applicant worked under your supervisor.**

Acceptable experience shall be within the definition of the practice as set forth in Section 5 of the Act and shall require the application of technical knowledge and land surveying principles.

Please keep in mind when you are completing this form that an applicant's acceptable experience is evaluated from information furnished entirely from you. For this reason, it is important that the Board be able to make a clear determination on the applicant's role for each project listed and the type of work they performed under your supervision.

**Project descriptions should be listed in the below format.** Attach additional sheets if necessary.

- 1) Name & location of project
- 2) Type of project
- 3) Applicant role in the design of the project
- 4) Name of Surveyor of Record for the project

**SUPERVISOR CERTIFICATION:**

I CERTIFY THAT I WAS LICENSED OR LEGALLY PRACTICING IN ALL APPLICABLE JURISDICTIONS FOR THE PROJECTS LISTED ON THIS EXPERIENCE FORM. I UNDERSTAND THAT IF I AM NOT, THE EXPERIENCE SHALL NOT BE ACCEPTED.

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period listed and that the information I have reported herein is true and correct to the best of my knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Primary Jurisdiction Seal