

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 - PNG

APPLICANT INFORMATION:

1. NAME	LAST	FIRST	MIDDLE	DEPARTMENT USE ONLY
2. LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER				

REQUIREMENTS AND INSTRUCTIONS:

Applicants who do not submit experience as part of an NCEES record must complete this form. For experience to be accepted, the supervisor must be licensed as a Professional Engineer or an individual who is legally practicing professional engineering, pursuant to Section 3 (e) of the PE 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 application for review by the Board.

Email to: FPR.DesignUnit@ILLINOIS.GOV

SUPERVISOR INFORMATION:

A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISION)															
C. SUPERVISOR LICENSE INFORMATION <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">APPLICABLE STATE(S) OF LICENSURE</th> <th style="width: 33%;">MO/YR INITIALLY LICENSED</th> <th style="width: 33%;">LICENSE NUMBER</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	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
	APPLICABLE STATE(S) OF LICENSURE	MO/YR INITIALLY LICENSED	LICENSE NUMBER													
	_____	_____	_____													
	_____	_____	_____													
_____	_____	_____														
_____	_____	_____														
E. SUPERVISOR CONTACT INFORMATION																
Phone ()																
Email _____																

EMPLOYMENT / EXPERIENCE INFORMATION:

1. APPLICANT EMPLOYMENT INFORMATION DURING YOUR SUPERVISION.					
A. TYPE OF EMPLOYMENT		B. TOTAL TIME EMPLOYED		C. DATES OF EMPLOYMENT (Use exact dates, not "present")	
Full-time	Part-time	Years	Months	From	To

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

NO YES (explain below if yes)

3. DESCRIPTION OF PROFESSIONAL (NON-STRUCTURAL) ENGINEERING PROJECTS.

Describe in detail, the types of professional engineering projects on which the applicant worked.

Acceptable experience shall be within the definition of the practice as set forth in Section 4 (o) of the Act and shall require the application of technical knowledge and professional (non-structural) engineering 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.

Note: if the project(s) in question include both non-structural and structural experience, only list the non-structural aspects and specify the time accordingly.

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

- 1) Name, location, and type of project
- 2) Applicant role in the design of the project
- 3) Name of Engineer 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