



**GENERAL INFORMATION:**

Applicants applying for restoration of their Illinois Architecture license must meet the requirements of Section 1150.70 of the Administrative Rules at the time of application.

- ◆ Applications are active for three years.
- ◆ All supporting documents, forms, etc. must be submitted before your application can be processed.
- ◆ You may review the Architecture Practice Act and Administrative Rules here:

<https://idfpr.illinois.gov/profs/architect.html>

## APPLICATION INSTRUCTIONS

Read and follow the following steps carefully as they will explain how to complete this application.

**Step I** - Complete the **REST** form in entirety.

### Step II - APPLICATION FEE

The NON-REFUNDABLE fee must be a check or money order in U.S. currency made payable to IDFPR, or by submitting a payment online using the ePay Portal at: <https://idfpr.illinois.gov/epay.html>

### Step III - COMPLETE THE APPLICATION CHECKLIST & AFFIDAVIT

All applicants must complete the checklist & affidavit and return with the application.

### Step IV - MAIL THE APPLICATION PACKET

Mail the application, fee (unless paying online), application checklist, affidavit and supporting documents to the address below.

Illinois Department of Financial and Professional Regulation,  
Attn: Division of Professional Regulation,  
P.O. Box 7450  
Springfield, Illinois 62791

## QUESTIONS?

Before contacting the Department; please review our FAQ's (<https://idfpr.illinois.gov/about/faq.html>) 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 eight business weeks from applying before making an inquiry concerning its status.

# REQUIRED SUPPORTING DOCUMENTS

## CONTINUING EDUCATION REQUIREMENT.

- ◆ All applicants for restoration of licensure must submit proof of continuing education meeting the requirements of Section 1150.105 of the Administrative Rules. Applicants must submit; certificates, documents, program guide, course syllabus, etc. An official AIA or ALA transcript is acceptable. A log by itself does not suffice.

## EXPERIENCE REQUIREMENT.

Two years of verified architectural experience is required. This can be verified by one of two ways.

- ◆ Request an official license certification from your current state of practice to be sent to the Illinois Board.

OR

- ◆ Submit the VE-ARC form showing experience gained under the supervision of a licensed architect for the previous two years. All experience must be documented on the Department form VE-ARC and must be directly supervised by a licensed Architect. Each VE-ARC form must remain in the sealed and signed envelope when submitted to the Department. [Review Section 1150.70 of the Administrative Rules for experience requirements.](#)

The form is available here: <https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/dpr/ve-arc-2023.pdf>

## AFFIDAVIT.

- ◆ Affidavit that you have read and understand the Illinois Architecture Practice Act and Administrative Rules. If found in violation, it is a known violation.

# APPLICATION CHECKLIST

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

## ALL APPLICANTS MUST SUBMIT:

- Completed **REST** Form.
- The fee as shown on the REST Form.
- Proof of 24 CEs meeting the requirements of Section 1150.105 of the Administrative Rules.
- Completion of the below affidavit.
- Official Certification for active licensure in another U.S. jurisdiction through the NCARB system.

## OR

- Verification of Experience (**VE-ARC**) form form for architecture experience to be reviewed.

## IF YOU ARE RESTORING FROM ACTIVE MILITARY SERVICE:

- Copy of **DD214**

# AFFIDAVIT

I, \_\_\_\_\_ have read the Illinois Architecture Practice Act of 1989 and  
*Type or print name*

the Administrative Rules, and understand that if found in violation, it is a known violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PART IV: Statement of Restoration Method**

Please refer to your restoration directions to determine if you need to complete this section.

If you are unable to restore your license based on lawful practice in another jurisdiction, then you must notify the Department that you wish to complete a refresher course or take and pass the Illinois exam that is specific to your profession.

Choose one of the options below, if applicable.

- I wish to take a refresher course specific to my profession. I will submit an official transcript from an approved school verifying successful completion of the required hours of instruction in the basic curriculum for the professional license I wish to restore. I understand that Illinois schools must be licensed by the Department and schools located outside of Illinois must be recognized and authorized to operate in the jurisdiction where the school is located.
- I wish to take the required examination specified in my profession's rules. I understand that upon receipt and processing of my restoration application, the Department will forward my application to the testing service. The Department will also e-mail to me an approval letter authorizing me to take the examination and providing instructions to register for the examination. **DO NOT SUBMIT AN APPLICATION TO THE TESTING SERVICE UNTIL YOU ARE NOTIFIED BY THE DEPARTMENT.**

**PART V: Personal History Information (This part must be completed by all applicants)**

**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. *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.*
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*
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? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*
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? *If yes, attach a detailed explanation.*
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*

**PART VI: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)**

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. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**  
Are you more than 30 days delinquent in complying with a child support order? Yes  No   
*(NOTE: If you are not subject to a child support order, answer "no.")*
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."  
Are you delinquent in the filing of state taxes? Yes  No
3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."  
Are you delinquent in complying with workers' compensation obligations Yes  No
4. Do you certify you have fully complied with this profession's continuing education requirements? Yes  No   
*NOTE: Continuing education is not required for the first renewal of this license. If this is your first renewal, please answer (Yes) to this question.*  
**Making a false statement may subject the licensee to disciplinary action.**  
*You may verify the continuing education requirements of your profession here: <https://idfpr.illinois.gov/rules2015.html>*

**PART VIII: Certifying Statement**

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. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

**Payment Method**

- Check / Money Order. Check Number: \_\_\_\_\_
- Online. Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of \_\_\_\_\_. Approved #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NAME (Last, First, MI):

SSN OR ITIN:

Profession: