



### 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](mailto: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:**

At least one of the business organization's Board of Directors/Members/Partners must be licensed in Illinois as an architect who will function as a 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.
- An individual can only be named Managing Agent of a profession for one firm at a given time.
- A PDF-BR Board Resolution form must be submitted 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.
- The engineering profession must be specified as either Professional Engineering or Structural Engineering.

# 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 \$150 (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 AND THE PDF-BR FORM**

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

## **Step IV - MAIL APPLICATION PACKET**

- Mail the application, fee (unless paying online), 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.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.

# 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 \$150.
- A PDF-BR Board Resolution form for each managing agent being named.

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

- 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](mailto: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.**

Disclosure of your U.S. social security number or ITIN, 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.

**PROFESSION CODE: 184** | **APPLICATION FEE: \$150** | **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
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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 - WORKERS COMPENSATION, PAYMENT OPTIONS, AND BUSINESS ORGANIZATION CERTIFICATION**

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

**Certification Statement**

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE.

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 of Firm:

FEIN or SS#:

Professional Name:

Professional Design Firm



- Illinois law requires that a managing agent be named for each profession that a Professional Design Firm (PDF) registration plans to offer in Illinois. The managing agent is the individual who acts in responsible charge for the specified profession.
- A PDF may name multiple licensees for the same profession but at least one must be named.
- Use of this form is required when appointing a new managing agent for your PDF.
- All parts of this form must be completed for it to be accepted.
- Please use a separate form if appointing multiple managing agents.
- For the practice of Architecture, the named managing agent must be a member of the Board of Directors/Members/Partners and must be listed as such in Part III of the form below.
- Questions regarding this form may be direct to [FPR.DesignUnit@Illinois.gov](mailto:FPR.DesignUnit@Illinois.gov)

**PART I – PROFESSIONAL DESIGN FIRM INFORMATION**

NAME OF PROFESSIONAL DESIGN FIRM	IL. PROFESSIONAL DESIGN FIRM NUMBER (if currently registered)	IDFPR STAMP USE ONLY
BUSINESS EMAIL ADDRESS	FEIN NUMBER (or SSN for sole proprietor)	

**PART II – OFFICIAL RESOLUTION OF THE BOARD**

The \_\_\_\_\_ of \_\_\_\_\_,  
 (Directors/Members/Partners) (Firm Name)

designate \_\_\_\_\_ who is licensed in Illinois as a/an  
 (Name of licensee)

\_\_\_\_\_ under \_\_\_\_\_,  
 (Architect/Land Surveyor/Professional Engineer/Structural Engineer) (Illinois license number)

and a full-time employee of the above named firm, as the managing agent in charge of all the activities in Illinois for the  
 \_\_\_\_\_ profession.  
 (Architect/Land Surveyor/Professional Engineer/Structural Engineer)

**PART III – CERTIFICATION OF BOARD OF DIRECTORS/MEMBERS/PARTNERS**

Illinois law requires that each member of the PDF's Board or a designated appointee certify the managing agent resolution. You may include a separate sheet if additional names are necessary.

I/We hereby certify the information reported herein is true and correct to the best of my/our knowledge and will comply with requests for further information from the department if needed.

NAME	TITLE	SIGNATURE	DATE
NAME	TITLE	SIGNATURE	DATE
NAME	TITLE	SIGNATURE	DATE
NAME	TITLE	SIGNATURE	DATE

**PART IV – MANAGING AGENT CERTIFICATION**

I certify that I am a full-time employee of the business organization, licensed in Illinois for the profession in which the organization plans to offer services for and understand I will be in Responsible Control of said services for the respective profession in Illinois.

\_\_\_\_\_  
 Printed Name Signature Date