



**PROFESSIONAL DESIGN FIRM:
REQUEST FOR CHANGE OF SERVICES**

GENERAL INFORMATION:

- Do NOT use this form to apply for an INITIAL Professional Design Firm Registration.
- Do NOT use this form to change a managing agent for your Firm.
- A valid Business Email Address is required for renewal and department notice purposes.
- All supporting documents must be submitted at the same time as your fully completed form.
- An individual may be a Managing Agent for only ONE firm at a given time.
- **It is a violation of each Design Profession Act to solicit or provide services if the firm is not authorized to offer that type of work.**
- Each registered Professional Design Firm must be authorized by this Department to provide specific types of work in Illinois, namely **architecture, professional engineering, structural engineering and/or land surveying.**
- Once your request has been completed, your Firm will receive an email from the Department with instructions on how to download your new Design Firm Registration.
- Please contact the Department at **800.560.6420** for assistance.
- Email the change of service form and applicable support documents/forms to FPR.LMU@illinois.gov and enter CHANGE OF SERVICE REQUEST in the email subject line.

To add additional professional services to your Firm, complete the following:

1. Complete numbers 1 through 5 and 7 through 10 of the Change of Services Form.
 2. Submit a copy of the filed (accepted) articles of amendment form from the Illinois Secretary of State's office showing the amended purpose clause language as shown below.
 3. A PDF-BR Board Resolution form must be submitted for each Managing Agent that is being appointed. If adding Architecture, that individual must be a Director/Member/Partner of the firm and the firm.
- ◆ If adding Architecture, the Firm must provide a list of any Illinois office locations at which the Firm provides architectural services. In addition, the Firm must have a **resident architect** overseeing the architectural practices in **each Illinois office location** in which architectural services are provided. The Firm must list all Assumed Names to be used in Illinois by the business.
 - ◆ If adding Land Surveying, the Firm must provide a list of any Illinois office locations at which the Firm provides land surveying services. In addition, the Firm must have an Illinois licensed **resident land surveyor** overseeing the land surveying activities in **each Illinois office location** in which land surveying services are provided.

To remove professional services from your Firm, complete the following:

1. Complete numbers 1 through 6 of the Change of Services Form.
2. Submit a screenshot copy of your Firm's website services page showing that you are no longer offering said profession services in Illinois. This can be accomplished by adding a disclaimer, "(profession) services are not currently offered in Illinois".

SAMPLE PURPOSE CLAUSE LANGUAGE.

1. To practice Architecture, pursuant to the Illinois Architecture Practice Act.
2. To practice Land Surveying, pursuant to the Illinois Land Surveying Practice Act.
3. To practice Professional Engineering, pursuant to the Illinois Professional Engineering Practice Act.
4. To practice Structural Engineering, pursuant to the Illinois Structural Engineering Practice Act.



**PROFESSIONAL DESIGN FIRM:
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1. PROFESSIONAL DESIGN FIRM NAME **2. FIRM LICENSE NUMBER XXX-XXXXXX**

3. FIRM E-MAIL ADDRESS (required) **4. FIRM TELEPHONE NUMBER**

5. ADDRESS (Street Address, City/State, Zip Code)

6. EXPLAIN THE REASON FOR THE CHANGE IN SERVICES OFFERED

7. IF REMOVING SERVICES, CHECK PROFESSION(s) TO BE REMOVED BELOW

ARCHITECTURE LAND SURVEYING PROFESSIONAL ENGINEERING STRUCTURAL ENGINEERING

COMPLETE THE FOLLOWING ONLY IF ADDING SERVICES

8. CHECK PROFESSION(s) TO BE ADDED BELOW

ARCHITECTURE LAND SURVEYING PROFESSIONAL ENGINEERING STRUCTURAL ENGINEERING

9. MANAGING AGENT NAME AS IT APPEARS ON LICENSE **10. LICENSE NUMBER OF NEW
MANAGING AGENT XXX-XXXXXX**

11. AFFIDAVIT FROM FIRM REPRESENTATIVE

I declare that I have examined the application and all requirements in connection therewith and to the best of my knowledge, they are true, correct, and complete.

Signature

Date

IDFPR STAMP USE ONLY:



- 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

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