



IDFPR

Illinois Department of
Financial and Professional Regulation

Division of Professional Regulation

PROFESSIONAL DESIGN FIRM: REQUEST FOR REINSTATEMENT

REQUIREMENTS TO RESTORE YOUR EXPIRED LICENSE TO ACTIVE STATUS:

1. Completed form below.
2. Required Fee: U.S. check or money order, payable to IDFPR totaling the amount of all lapsed fees (the renewal fee of [\$150] for each missed bi-ennial renewal period and a \$50 late fee).
3. A Certificate of Good Standing from the Illinois Secretary of State. *Not required for partnerships or sole proprietors using their SSN.*
4. If you are changing the Managing Agent, submit the PDF-BR Board Resolution form for each Managing Agent being appointed.
5. A list of the current Board of Directors/Members/Partners with their applicable professional license numbers.

Mail the above items to the Department at the address below:

Illinois Department of Financial and Professional Regulation

Attn: License Administration Unit - 3rd Floor

320 West Washington Street

Springfield, Illinois 62786

IMPORTANT INFORMATION:

- **The firm cannot advertise or offer any professional services in Illinois without a valid Professional Design Firm license. Doing so is a violation of each profession's Practice Act.**
- The Reinstatement request may take at least 8 business weeks to be processed from the date of receipt.
- All supporting documents must be submitted with your Reinstatement Request form.
- If you have questions, please contact the Department at 800.560.6420.

PART I: PROFESSIONAL DESIGN FIRM INFORMATION

1. FIRM NAME	2. FIRM LICENSE NUMBER XXX-XXXXXX
3. FIRM E-MAIL ADDRESS (required)	4. FEIN OR U.S. SOCIAL SECURITY NUMBER
5. ADDRESS, CITY, STATE, ZIP	

PART II: 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.

I certify that I have read the above statements.

DEPARTMENT STAMP USE ONLY

Signature

Date



- 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