



**DO NOT COMPLETE THIS APPLICATION IF:**

- ◆ You want to apply for licensure as a Structural Engineer or sit for any examination under the Structural Engineering Act. Illinois licenses Professional Engineers (PE) and Structural Engineers (SE) separately. Review and download an SE application here: [www.idfpr.illinois.gov/profs/se.html](http://www.idfpr.illinois.gov/profs/se.html)

**Important Information:**

- ◆ We recommend that you review the Education, Examination and Experience requirements prior to applying, which can be found at: <https://www.idfpr.illinois.gov/profs/ProfEngineer.html>
- ◆ An application is active for three years from the date of receipt by the Department.

**Abbreviations used in this document:**

- National Council of Examiners for Engineering and Surveying (**NCEES**)
- Accreditation Board for Engineering Technology (**ABET**)
- Engineering Accreditation Committee (**EAC**)
- Fundamentals of Engineering Exam (**FE**)
- Principles & Practice of Engineering Exam (**PE**)

## PROFESSIONAL DESIGN FIRM REQUIREMENT

Any company that offers professional services in Illinois must be registered as a Professional Design Firm (PDF) with this Department. Professional services include: Architecture, Professional Engineering, Structural Engineering, and/or Land Surveying. **Offering services without a PDF registration is a violation of each of the four design profession Acts and subject to discipline by the Department.** Applicants are encouraged to advise a company principal of this requirement.

You may review the requirements here: <https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/renewals/apply/forms/f1419lt.pdf>

## EXAM APPROVAL

Application to the Department is no longer required for exam approval. Candidates may register for the FE and/or PE exam at any time with NCEES at [www.NCEES.org](http://www.NCEES.org).

Once you have gained the required education, passed the applicable examination(s), and gained the applicable experience, submit your application to the Department for review by the Board.

# ENGINEER INTERN AND PE LICENSE QUALIFICATIONS

## **EDUCATION:**

There are two (2) types of Baccalaureate degrees that are accepted under the Professional Engineering Practice Act. Note, the educational requirement is based upon a Baccalaureate degree, not a post-graduate degree.

◆ **Baccalaureate degree from an approved EAC/ABET or CEAB program.**

(Refer to Section 1380.210 of the Administrative Rules)

◆ **Baccalaureate degree meeting the NCEES Engineering Education Standard.**

(Refer to Section 1380.220 of the Administrative Rules)

Applicants applying under this option must submit an NCEES credential evaluation to the Illinois PE Board through their MyNCEES Dashboard.

### **Requirement for foreign educated applicants:**

◆ **TOEFL-iBT Exam.**

If the baccalaureate courses were not taught in English; as shown on the NCEES evaluation, the applicant is required to provide proof of passage of the TOEFL-iBT, pursuant to Sections 1380.242, 1380.250 and 1380.280 of the Administrative Rules. Here is the link to take the TOEFL exam: <http://www.ets.org> **This exam is waived if you have a Post-Graduate Degree in Engineering from an accredited U.S. University.**

## **EXAMINATION:**

Pursuant to Section 1380.260 of the Administrative Rules, there are two examinations administered and accepted for the PE profession:

◆ **For enrollment as an Engineer Intern:** NCEES - FE Examination

◆ **For licensure as a Professional Engineer:** NCEES - FE & PE Examinations

## **EXPERIENCE:**

Review Section 1380.230 of the Administrative Rules for acceptable experience.

### **Engineer Intern Enrollment:**

◆ **Four (4) years** of professional (non-structural) engineering experience is required for all non-approved program graduates.

### **Professional Engineer License:**

◆ **Four (4) years** of professional (non-structural) engineering experience is required for approved program graduates.

◆ **Eight (8) years** of professional (non-structural) engineering experience is required for all non-approved program graduates. If you are currently enrolled as an Illinois EI, only **four (4) years** of additional professional (non-structural) engineering experience is required.

## ENROLLMENT AS AN ENGINEER INTERN

Enrollment is based on education and examination but may require experience.

### MINIMUM REQUIREMENTS:

1. Education meeting one of the requirements as shown on page two.
2. Successful passage of the FE examination.
3. Experience as required for all non-approved graduates as shown on page two.

## LICENSURE AS A PROFESSIONAL ENGINEER

Approval of licensure is based on education, examination and experience.

### MINIMUM REQUIREMENTS:

1. Education meeting one of the requirements as shown on page two.
2. Successful passage of the FE & PE examinations.
3. Professional (non-structural) Engineering experience based on your BS education as shown on page two.

## APPLICATION INSTRUCTIONS

### IMPORTANT:

This application is used by the Department for over 100 professions. Not all portions may apply. Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will assist you in accurately completing your application and eliminate any delay in processing. There are five steps to complete in order for your application to be reviewed.

### **Step I - Complete the four-page Application for Licensure/Examination using the below parts:**

#### **Part I - APPLICATION CATEGORY INFORMATION AND FEES.**

**Part IA.** Select this ONLY if you are a current military service member/spouse.

**Part IB.** Use the chart below to complete **PART IB 1- 4** of the application to select your method of application. Use the rows to locate the exam or method of licensure you are applying for.

<b>Profession Name:</b> Engineer Intern <i>OR</i> Professional Engineer	<b>Profession Code</b>	<b>Licensure Method</b>	<b>Fee</b>
Enrolled Engineer Intern	061	Acceptance of Examination	\$20
Professional Engineer	062	Acceptance of Examination	\$100
Professional Engineer	062	Endorsement of License	\$100

## **Part II - APPLICANT IDENTIFICATION INFORMATION.**

All applicants must complete this section.

If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME CHANGE; (i.e. copy of marriage license, divorce decree, affidavit or court order). **A valid email address is required to receive all department notifications, license download link and renewal notices.** If you do not have a U.S. Social Security Number, contact the Department for the appropriate affidavit form.

## **Part III - EDUCATION INFORMATION.**

All applicants (except those submitting an NCEES Record) must complete this section. All applicants must submit an official transcript from each college listed on the application unless contained in your NCEES Record or Credential Evaluation.

## **Part IV - RECORD OF LICENSURE INFORMATION.**

Only applicants that currently hold an EI/EIT certificate or Professional Engineer license/registration in another U.S. jurisdiction must complete this section. List **ONLY the active EI/EIT certificate or license(s) you hold.**

## **Part V - RECORD OF EXAMINATION.**

Only applicants that have taken an exam must complete this section. Applicants must verify that they have taken and passed each appropriate examination. DO NOT LIST **FAILED** EXAMINATIONS, ONLY LIST EXAMINATION(S) YOU HAVE **PASSED.**

## **Part VI - PERSONAL HISTORY INFORMATION.**

All applicants must complete this section. If you answer YES to any question, you must submit the required documentation set forth by that question.

## **PART VII – EXAM CODING INFORMATION.**

All applicants SKIP this section.

## **Part VIII - CHILD SUPPORT, TAX INFO, WORKERS COMPENSATION AND PROFESSIONAL ORGANIZATION CERTIFICATION.**

All applicants must complete this section by law.

## **Part IX - CERTIFYING STATEMENT.**

All applicants must sign and date the application for it to be accepted.

## **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**

- ◆ All applicants must complete the checklist and return with the application in order to process the application.

## **Step IV - MAIL APPLICATION**

- ◆ Mail the application, fee (unless paying online), application checklist and any 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 four business weeks from applying before making an inquiry concerning its status.

## REQUIRED SUPPORTING DOCUMENTS

### **OFFICIAL TRANSCRIPTS:**

Applicants who graduated from an approved program must submit official conferred degree transcripts for any degree you wish to claim. Have your university use their respective electronic service to send the transcript directly to the Department at: [FPR.DesignUnit@Illinois.gov](mailto:FPR.DesignUnit@Illinois.gov)

Applicants who graduated from a non-approved program do not need to submit additional copies of their transcripts as they should be included with the NCEES Credential Evaluation submitted to the Department.

Note: If you are currently enrolled as an Illinois Engineer Intern and applying for licensure, a bachelors transcript is not required as you have met the educational requirement. Simply include a copy of your EI certificate with your application.

### **EXAM CERTIFICATION:**

Any exam not passed under the Illinois Jurisdiction requires an official state certification/verification from the state board where you took the exam through the MyNCEES system to the Illinois PE Board OR via email to [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov) Note: An NCEES score report is not acceptable.

### **VE-PNG FORM - VERIFICATION OF EMPLOYMENT / EXPERIENCE:**

Applicants who do not submit experience as part of an NCEES record must complete this form. Acceptable experience may be found in Section 4 (o) of the PE Act. All experience must be gained under the supervision of a licensed professional (non-structural) engineer or someone who is legally practicing professional engineering by means of one of the exemptions listed in Section 3 (e) of the Act. If an exemption is being claimed, a letter citing the specific exemption must be submitted with the application.

Complete a separate form for each supervisor/place of employment and have the supervisor complete the form and email directly to [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov)

## ENDORSEMENT APPLICANTS

### **LICENSE CERTIFICATION:**

An official state certification/verification for proof of active licensure/registration in the current state/territory must be submitted through the NCEES system to the Illinois PE Board OR via email from the state board to this address: [FPR.DesignUnit@illinois.gov](mailto:FPR.DesignUnit@illinois.gov)

**EXPERIENCE REQUIREMENT:** If not submitting an NCEES Record, the Board allows for self-verification of professional (non-structural) engineering experience under the applicant's own license. Complete the VE-PNG form as your own supervisor.

## NCEES RECORD HOLDERS

- ◆ Applicants submitting an NCEES Record need only complete page 1 and 4 of the application.
- ◆ Applicants submitting an NCEES Record as supplemental documentation to the application are not required to submit exam or license certifications, official transcript(s) or complete the VE-PNG form as long as the information is included in the record.
- ◆ The Board may still require any of the above documents if clarification is needed for any reason.

# 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 original application.
- An application fee.
- Approved Program Graduate:** You have requested official transcripts for your conferred Baccalaureate degree and any other education you are claiming to be sent to the Department.  
(Not applicable if you are an Illinois EI, simply include a copy of your EI certificate).
- Non-Approved Program Graduate:** You have requested your NCEES Credential Evaluation to be sent to the Illinois PE Board through your MyNCEES Dashboard.  
(Not applicable if you are an Illinois EI, simply include a copy of your EI certificate).
- You have requested your supervisor(s) to submit a Verification of Experience (**VE-PNG**) form for experience to be reviewed. This is required for applicants for EI enrollment who did not graduate from an approved program, and license applicants not submitting an NCEES Record.
- You have requested a certification from the jurisdiction where the FE Exam was passed (N/A if passed in Illinois)
- You have requested a certification from the jurisdiction where the PE Exam was passed (N/A if passed in Illinois)
- You have requested a certification from the **original** state of licensure. (For Endorsement applicants)
- You have requested a certification from the **current** state of active practice. (For Endorsement applicants)
- You have requested an **NCEES** Record to be sent to the Illinois PE Board in lieu of transcripts, experience and certifications. Note: The **NCEES** Record transmittal fee is separate from the license application fee with IDFPR.

## FOREIGN EDUCATED APPLICANTS TO REVIEW AND CHECK:

- You have requested your **TOEFL-iBT** examination results to be sent to the Department. (if applicable)

## REQUEST TO USE POST-GRADUATE DEGREE AS EXPERIENCE:

- Pursuant to Section 1380.230, I request that my U.S. Post-Graduate degree in Engineering be used toward my overall experience requirement if able to do so by law. Note: Official Transcripts for said degree must be submitted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## IMPORTANT INFORMATION ONCE LICENSED

- ◆ You will receive an email from the Department with a link to download your license.
- ◆ All Professional Engineer licenses expire on November 30th of odd-numbered years, regardless of issuance date.
- ◆ It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.
- ◆ We highly recommend that you review the Code Enforcement Manual as it will provide a sample of what your Illinois license seal/stamp should look like and other useful information regarding your profession.

**You may access the manual here:** <https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/dpr/design-code-manual.pdf>

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, 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.

## PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application.  Military  Military Spouse  Not Military  Decline to Answer

Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |   |  |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.<br><br><input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.<br><br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.<br><br><input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SSN OR ITIN ____ - ____ - ____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		
7. PLACE OF BIRTH CITY STATE/COUNTRY	8. DATE OF BIRTH ____ / ____ / ____ Month Day Year	9. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
10. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code)		
11. EMAIL ADDRESS (REQUIRED)		12. I CONSENT TO PROFESSIONAL ORGANIZATIONS HAVING MY EMAIL ADDRESS <input type="checkbox"/>

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)  
 1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School?  Yes  No OR Received G.E.D.?  Yes  No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____ / ____ / ____ Month / Year
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5. COLLEGE OR UNIVERSITY (Circle number of years completed)  
 1 2 3 4 5 6 7 8 Graduated?  Yes  No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

**PART VI: 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 VII: Examination Coding Information (This part is for examination applicants only)**

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) CHART III - Select the examination site you desire and enter Test Center Code:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) CHART IV - Find your School of Graduation and enter school code:

<input type="text"/>
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d) Record the number of times you have taken this exam in Illinois or any other state:

<input type="text"/>	<input type="text"/>
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**PART VIII: Child Support, Tax Information and Workers' Compensation (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 IX: Method of Payment and Certifying Statement**

Check / Money Order. Check Number: \_\_\_\_\_

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

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.**

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

\_\_\_\_\_  
Date

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 SSN OR ITIN				

### 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](mailto: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

[Empty space for project descriptions]

**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