



GENERAL INFORMATION:

Applicants applying for restoration of their Illinois Professional Engineering license must meet the requirements of Section 1380.270 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 Professional Engineering Practice Act and Administrative Rules here:
<https://idfpr.illinois.gov/profs/profengineer.html>

APPLICATION INSTRUCTIONS

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

Step I - Complete the **RS** form in entirety, except for part IV which is not applicable for this profession.

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

Please allow eight business weeks from applying before making an inquiry concerning its status.

REQUIRED SUPPORTING DOCUMENTS

PROFESSIONAL DEVELOPMENT REQUIREMENT.

- ◆ All applicants for restoration of licensure must submit proof of professional development meeting the requirements of Section 1380.325 of the Administrative Rules. Applicants must submit; certificates, documents, program guide, course syllabus, etc. A log does not suffice.

EXPERIENCE REQUIREMENT.

Two years of verified professional engineering 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-PNG form showing experience gained under the supervision of a licensed P.E. for the previous two years. All experience on the VE-PNG must be supervised by a licensed professional engineer or one who is legally practicing professional engineering. Each VE-PNG form must be submitted directly to:

FPR.DesignUnit@illinois.gov. Review Section 1380.270 of the Administrative Rules for experience requirements.

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

AFFIDAVIT.

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

APPLICATION CHECKLIST

APPLICANT NAME: _____

ALL APPLICANTS MUST SUBMIT:

- A completed **RS** Form.
- The fee as shown on the RS Form.
- Proof of 30 PDHs meeting the requirements of Section 1380.325 of the Administrative Rules.
- Completion of the below affidavit.
- Official Certification for active licensure in another U.S. jurisdiction through the NCEES system.

OR

- Verification of Experience (**VE-PNG**) form for professional engineering experience to be reviewed.

IF YOU ARE RESTORING FROM ACTIVE MILITARY SERVICE:

- Copy of **DD214**

AFFIDAVIT

I, _____ have read the Illinois Professional Engineering Practice Act
Type or print name
of 1989 and 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

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

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

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| 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 <input type="checkbox"/> No <input type="checkbox"/>
<i>(NOTE: If you are not subject to a child support order, answer "no.")</i> | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| 4. Do you certify you have fully complied with this profession's continuing education requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>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.</i>
Making a false statement may subject the licensee to disciplinary action.
<i>You may verify the continuing education requirements of your profession here: https://idfpr.illinois.gov/rules2015.html</i> | | |

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: