

INSTRUCTION SHEET

LICENSED PROFESSIONAL LAND SURVEYOR

- Land Surveyor-in-Training Examination
- Land Surveyor Examination
- Endorsement of License
- Restoration

BEFORE COMPLETING THE APPLICATION PACKAGE, read and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised your license will expire on November 30 of each even-numbered year.

All applicants must complete the 4-page Application for Licensure/Examination and submit it with the supporting documents required by the method under which application is being made.

You may apply for licensure under one of the following application methods: Land Surveyor-in-Training Examination, Land Surveyor Examination, Endorsement of License, or Restoration.

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

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FIRM REGISTRATION REQUIRED

Any corporation, professional service corporation, partnership, limited liability partnership, or limited liability company, which includes in its stated purposes, **practice or holds itself out as available to practice land surveying is required by Illinois statute to register with the Department as a Professional Design Firm.** Authority to transact business in Illinois must be obtained from the Illinois Secretary of State's office prior to registering with the Department.

Any sole proprietorship owned by an Illinois licensed land surveyor and conducting business under an assumed name (a name other than the real name of the sole proprietor) is required to register as a Professional Design Firm.

Any general partnership which includes in its stated purpose, practice, or holds itself available to practice land surveying shall register as a Professional Design Firm.

A separate application and fee is required.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

Need Assistance

If assistance is needed, direct your request to the following telephone number:
217/782-8556

Telecommunicative Device for the Deaf (TDD) - 217/524-6735

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

**Application for
Licensure/Examination**

Complete the four-page Application for Licensure/Examination as follows:

1. Part I-A, Application Category Information--Select method of application and complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Land Surveyor-in-Training	028	Examination	*
Land Surveyor	035	Examination	*
Land Surveyor	035	Endorsement of License	*
Land Surveyor	035	Restoration	**

*See attached Reference Sheet for fees and, if an exam, for filing deadlines.

See Supporting Document **RS for fee amount.

2. Part I-B--Check the box indicating the appropriate information regarding your application.
3. Part II, Applicant Identifying Information--Enter all applicable information requested. You must include your social security number in Box 3.
4. Part III, Education Information
 - a. Numbers 1 through 5--Enter all applicable information requested.
 - b. Number 6--Indicate all post secondary education which you have attended since graduation from high school. Please indicate beginning and ending dates by year.
 - c. If you are a foreign-educated graduate, the following documents must accompany your application:
 - 1) An evaluation report of your foreign educational credentials from the American Association of Collegiate Registrars and Admissions Officers (AACRAO). To obtain an evaluation packet, contact AACRAO by mail at:

American Association of
Collegiate Registrars and Admissions Officers
1 Dupont Circle NW, Suite 370
Washington, DC 20036-1110

or by phone at: 202-296-3359

Official transcripts must be forwarded directly to the AACRAO from the educational institution.

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- 2) Proof of completion of the Test of English as a Foreign Language--internet Based Test (TOEFL-iBT) with a minimum score of 26 on the speaking module and a total minimum integrated score of 88, **or** the Test of English as a Foreign Language (TOEFL) with a score of 550 for the paper-based examination or 213 for the computer-based test, and the Test of Spoken English (TSE) with a score of 50 for all applicants who graduated from an engineering program outside the United States or its territories and whose first language is not English. To obtain information about TOEFL-iBT and TOEFL and TSE testing, contact:

TOEFL Services
P.O. Box 6151
Princeton, New Jersey 08541-6151

Telephone 609-771-7100
FAX 609-771-7500
TTY 609-734-9364

In order to determine countries whose first language is English, the applicant shall submit verification from the college or university that the land surveying program from which the applicant graduated was taught in English.

5. Part IV, Record of Licensure Information--Indicate in this area whether or not you have ever held a license as a Land Surveyor-in-Training, Professional Land Surveyor, or a related license.
6. Part V, Record of Examination--If you have ever written the Fundamentals of Surveying Examination, the Principles and Practice of Land Surveying Examination, or other licensing examination in Illinois or any other jurisdiction, indicate this in Part V (page three) of the application.
7. Part VI, Personal History Questions--**Must** be completed by all applicants.
8. Part VII, Examination Coding Information--**DO NOT COMPLETE PART VII** (page four) of the **Application for licensure and/or Examination**.
9. Part VIII, Child Support and/or Student Loan Information--Must be completed by all applicants.
10. Part IX, Certifying Statement--Read the certifying statement and then **sign** and **date** your application.

EXAMINATION

An application and application fee is valid for 3 years. If you are applying to retake an examination, DO NOT submit a new application to the Department unless your application has expired; contact Continental Testing Services, Inc. at 708-354-9911 for procedures to follow. If your application expired, you are required to submit all documents listed below and satisfy the requirements in force at the time of reapplication.

The application for examination is a dual application process. Your application for examination will be evaluated by the Illinois Land Surveyors Licensing Board to determine your eligibility for examination. Once your application has been evaluated, the Department will notify you of the results of the evaluation. If appropriate, an Examination Registration Form and further instructions will be provided.

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Land Surveyor-in-Training

The application which you submit is valid for 3 years from date of receipt. To apply to take the examination for licensure as a Land Surveyor-in-Training, you must hold a baccalaureate degree in land surveying or a baccalaureate degree in a related science including at least 24 semester hours of land surveying courses.

You must submit the documents listed below.

1. Properly completed 4-page **Application for Licensure/Examination** (see page 2).
2. Official college transcript issued by each college or university attended with school seal affixed.

Foreign educated applicants must submit an evaluation of education credentials and proof of TOEFL and TSE or TOEFL-iBT (see pages 2-3).

3. Fee payment amount is indicated on **REFERENCE SHEET A**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. **Application will not be processed if fee is not submitted. Fees are not refundable.**

Send Application to:

**Illinois Department of Financial
and Professional Regulation
ATTN: Division of Professional
Regulation, Design/PSS4
P.O. Box 7007
Springfield, IL 62791**

*Please allow 3 weeks from mailing
your application before making an
inquiry concerning its status.*

*If assistance is needed, call:
217-782-8556
Telecommunicative Device for the
Deaf (TDD) - **217-524-6735***

EXAMINATION (cont'd)

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Professional Land Surveyor

Send Application to:

**Illinois Department of Financial
and Professional Regulation
ATTN: Division of Professional
Regulation, Design/PSS4
P.O. Box 7007
Springfield, IL 62791**

*Please allow 3 weeks from mailing
your application before making an
inquiry concerning its status.*

*If assistance is needed, call:
217-782-8556
Telecommunicative Device for the
Deaf (TDD) - **217-524-6735***

The application which you submit is valid for 3 years from date of receipt. To apply to take the examination for licensure as a Professional Land Surveyor, you must hold a valid Land Surveyor-in-Training license.

You must submit the documents listed below:

1. Properly completed 4-page **Application for Licensure/Examination** (see page 2).
2. Proof of education: official college transcripts issued by each college or university attended with school seal affixed.
3. If applicable, evaluation of foreign-education credentials and proof of TOEFL and TSE or TOEFL-iBT (see pages 2-3).
4. Properly completed Supporting Document **VE-LSR**.
This document must be completed by a professional licensed land surveyor showing a specific record of land surveying experience. The four (4) years of experience in **responsible charge** of the land surveying activities must be acquired **AFTER** passage of the Fundamentals of Surveying examination and be under the direct supervision of a licensed Professional Land Surveyor.
5. Supporting Document **CT-LSR**.
This document is required if you hold a certificate as a Surveyor-in-Training or registration in another U.S. jurisdiction. You must direct the licensing agency/board to return the completed **CT-LSR** to you in a sealed envelope to be submitted with your application.

NOTE: If you have been issued a certificate as a Land Surveyor-in-Training in the State of Illinois, you must indicate this in Part IV (page three) of the Application for Licensure and/or Examination for it to be considered. Supporting document **CT-LSR** from Illinois is not required.
6. Fee in the form of a check or money order made payable to the Illinois Department of Professional Regulation. Fee payment amount is indicated on **REFERENCE SHEET A**. **Application will not be processed if fee is not submitted. Fees are not refundable.**

ENDORSEMENT OF LICENSE

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Send Application to:

**Illinois Department of Financial
and Professional Regulation
ATTN: Division of Professional
Regulation, Design/PSS4
P.O. Box 7007
Springfield, IL 62791**

*Please allow 3 weeks from mailing
your application before making an
inquiry concerning its status.*

*If assistance is needed, call:
217-782-8556*

*Telecommunicative Device for the
Deaf (TDD) - 217-524-6735*

FIRM REGISTRATION REQUIRED

Any corporation, professional service corporation, partnership, limited liability partnership, or limited liability company which includes in its stated purposes, practice, or **holds itself out as available to practice land surveying is required by Illinois statute to register as a Professional Design Firm with the Department.** Authority to transact business in Illinois must be obtained from the Illinois Secretary of State's office prior to registering with the Department.

Any sole proprietorship owned by an Illinois licensed land surveyor and conducting business under an assumed name (a name other than the real name of the sole proprietor) shall register as a Professional Design Firm. Any general partnership which includes in its stated purpose, practice, or holds itself available to practice professional engineering shall register as a Professional Design Firm.

A separate application and fee is required.

The application which you submit is valid for 3 years from date of receipt. To apply for licensure by endorsement, you **MUST** hold an ACTIVE license/registration as a Land Surveyor in another U.S jurisdiction. The requirements for licensure in the other jurisdiction must be, on the date of granting the license, substantially equal to the requirements in force in Illinois on that date. Applicants licensed after January 1, 1990, must acquire 4 years of experience in responsible charge after the Fundamentals of Surveying examination. Applicants originally licensed after January 1, 1998, shall have a baccalaureate degree in land surveying or a baccalaureate degree in a related science including at least 24 semester hours of land surveying courses to qualify for the Fundamentals of Surveying Examination/surveyor-in-training, and subsequent licensure as a land surveyor.

NOTE: Based on the Illinois Land Surveyors Licensing Board's evaluation of your application, you may be required to provide additional documentation or appear for an interview before the Board. **Passage of the Illinois Jurisdictional Examination is required for licensure in Illinois.**

Submit the documents listed below:

1. Properly completed 4-page **Application for Licensure/Examination** (see page 2).
2. Submit the following proof of educational documents:
 - a. High school diploma or its equivalent, OR
 - b. Official college transcripts issued by each college or university attended with school seal affixed.
3. If applicable, evaluation of foreign education and proof of TOEFL and TSE or TOEFL-iBT (see pages 2-3.)
4. Properly completed Supporting Document **VE-LSR** must be completed by a professional licensed land surveyor showing a specific record of land surveying experience. The experience shall have been acquired under a licensed land surveyor and provide evidence of a minimum of 4 years in responsible charge of the land surveying activities.
5. Properly completed Supporting document **CT-LSR** must be completed by the U.S. jurisdiction of original licensure and the U.S. jurisdiction of current licensure where you have most recently been practicing. If examinations were passed in different states, verification from EACH state is required. You must direct the licensing agency/board to return completed form **CT-LSR** to you in a sealed envelope to be submitted with your application.
6. Fee in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **Application will not be processed if fee is not submitted. Fees are not refundable.**

RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Send Application to:

**Illinois Department of Financial
and Professional Regulation
ATTN: Division of Professional
Regulation, Design/PSS4
P.O. Box 7007
Springfield, IL 62791**

*Please allow 3 weeks from mailing
your application before making an
inquiry concerning its status.*

*If assistance is needed, call:
217-782-8556
Telecommunicative Device for the
Deaf (TDD) - **217-524-6735***

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those land surveyors whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-8556 for detailed instructions on how to restore it to active status.

To restore your expired Illinois Professional Land Surveyor license which has been expired or inactive for more than 5 years, you must submit the application, supporting documents and fee as listed below. Based on the Illinois Land Surveyors Licensing Board's evaluation of your application, you may be required to submit additional documentation and/or appear for an oral interview before the Board to determine your current competency to resume active practice as a Licensed Professional Land Surveyor.

The following documents are required:

1. Properly completed 4-page **Application for Licensure/Examination** (see page 2).

2. Supporting Document **CT-LSR**.

This document must be completed by the jurisdiction of current licensure where you have most recently been practicing if other than Illinois for at least the last two years. You must direct the licensing agency/board to return the completed document to you in a sealed envelope to be submitted with your application.

3. Properly completed Supporting Document **RS**. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-8556.)

4. Properly completed Supporting Document **VE-LSR**.

This document must be completed by the employer as evidence that you have been employed in a responsible capacity by a licensed land surveyor for at least the last two years.

5. Other evidence of continued competency in land surveying if not licensed in another jurisdiction **or** not employed by a licensed land surveyor:

- a. Proof of passage of Illinois Jurisdictional Examination and/or the NCEES Examination within one year of application.
- b. Lawfully practicing in land surveying as an employee of a governmental agency.
- c. Teaching land surveying in a college or university
- d. Attendance at education programs in land surveying.

6. Proof of 20 professional development hours in accordance with Section 1270.65 of the Rules for the Administration of the Illinois Professional Land Surveyor Act.

7. If restoring after active military service, submit copy of DD214.

8. Fee in the form of a check or money order made payable to the Department of Financial and Professional Regulation. Fee amount is indicated in the Official Use Only Box of Supporting Document **RS**. **Application will not be processed if fee is not submitted. Fees are not refundable.**

REFERENCE SHEET ~ NONEXAMINATION

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

This chart contains fee information for licensure by endorsement of a license issued in another jurisdiction and for restoration of a lapsed license. If you require information concerning the application fee for licensure by examination and the final filing deadline date, contact the Department.

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Land Surveyor	035	Endorsement	\$150.00
Land Surveyor	035	Restoration	See Supporting Document RS

*An application submitted without the application fee will be returned for **resubmission** with the appropriate fee.*

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request to one of the following telephone numbers:

217/782-8556

Telecommunicative Device for the Deaf (TDD) - **217/524-6735**

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Land Surveyors

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Application Fee	
SUPPORTING DOCUMENTS	SUBMITTED
NCEES Council Record or (education, employment and licensure as noted below)	
Proof of Education (Official Transcripts)	
Verification of Employment (VE-LSR) from:	
Certification of Licensure/Examination (CT-LSR) from <i>original</i> state of licensure and <i>current</i> state of licensure, including each state where examinations were passed:	
TOEFL and TSE <i>or</i> TOEFL-iBT examination results	
AACRAO evaluation of foreign educational credentials	
Form RS , if applicable	
Copy of DD214 if restoring license from active military service	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

NAME (Last, First, MI):

SS#:

Profession:

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.)

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>			
2. Have you been convicted of a felony?			
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. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <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 VII: Examination Coding Information <i>(This part is for examination applicants only)</i>													
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.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
b) CHART III - Select the examination site you desire and enter Test Center Code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>												
c) CHART IV - Find your School of Graduation and enter school code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
d) Record the number of times you have taken this exam in Illinois or any other state:	<table border="1"> <tr> <td></td><td></td> </tr> </table>												

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)	
<p>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.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>	
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

PART IX: 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.	
_____	_____
Signature of Applicant	Date
<p>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p>	

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 330/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY/BOARD

SUPPORTING DOCUMENT

CT-LSR

APPLICANT: Complete the applicant section of this form then forward this form to the state or territory in which you are requesting certification of your examination status, license or examination scores. Contact certifying jurisdiction for appropriate fee. Photocopying this form is permissible.

1. NAME LAST FIRST MIDDLE 	2. DATE OF BIRTH ____ / ____ / ____ <small>Month Day Year</small>	3. SOCIAL SECURITY NUMBER - - - - - - - - - - - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE 	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="text-align: center; margin-top: 20px;"> _____ Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME 		

7. COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR REQUEST, INDICATE ALL PROFESSIONS FOR WHICH A CERTIFICATION IS BEING REQUESTED.

<input checked="" type="checkbox"/>	PROFESSION	LICENSE NUMBER	ISSUANCE DATE
<input type="checkbox"/>	Surveyor-in-Training		
<input type="checkbox"/>	Professional Land Surveyor		

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Name of Licensing Agency or Board

Signature _____ Date _____

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the Certification. Please record N/A in areas which are not applicable. Return the completed form to the applicant in a sealed envelope to be submitted with the application.

PART I. - CERTIFICATION OF LICENSURE

A. Record the following License Information.

PROFESSION	LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE
Surveyor-in-Training			
Professional Land Surveyor			

B. LICENSURE METHOD

<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ <input type="checkbox"/> Acceptance of Examination Results (Administered in Another State) _____	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Education and Experience (If less than 8 years experience including graduation from ABET engineering curriculum, detail facts in Part VI on reverse side.) <input type="checkbox"/> Other (Detail facts in Part VI on reverse side.)
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C. CURRENT LICENSE STATUS

Active
 Inactive
 Lapsed
 Other (Explain) _____

D. IF LICENSED BY EXAMINATION, INDICATE EXAMINATION METHOD

Written
 Practical
 Oral
 Essay

PART II. - CERTIFICATION OF EXAMINATION SCORES

SUBJECT	HOURS OF EXAMINATION	DATE OF EXAMINATION	SCORE
Surveyor-in-Training: Fundamentals of Surveying			
Professional Land Surveyor: Principles and Practice of Surveying			
Principles and Practice - Public Domain Principles and Practice - Colonial			
Other:			

PART III. - FORMAL ACTIONS

Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)**

Yes No

PART IV. - DETAILED FACTS OF PART III OF THIS FORM

I certify that the information contained herein is true and correct according to the official records of the State.

Print Name

Title

Signature

Agency/Board Street Address

Date

City, State, ZIP Code

Telephone Number

SEAL

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 330/1 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 - LSR

APPLICANT: The purpose of this document is to provide verification of work experience. Complete the applicant section of this form. Forward the form to the licensed professional supervisor/employer from whom you obtained your experience. Your employer/supervisor must return the completed form to you in a sealed envelope to be submitted with your application.

NOTE: Professional experience is only acceptable if it was obtained under the supervision of a properly licensed land surveyor.

1. NAME LAST FIRST MIDDLE 2. ADDRESS Street, City, State, Zip Code	2. DATE OF BIRTH ___ / ___ / ___ Month Day Year	3. SOCIAL SECURITY NUMBER ___ - ___ - ____
6. MAIDEN OR GIVEN SURNAME	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between;"> _____ Profession Name ___ ___ ___ Profession Code </div>	
8. DATES OF EMPLOYMENT (Use exact dates not "present.") From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year	7. SUPERVISOR NAME _____ 9. EMPLOYER NAME AND ADDRESS Street, City, State, Zip Code _____ _____ _____	

TO SUPERVISOR FROM APPLICANT

I am applying for the _____ exam. This form needs to be submitted to the Department by May 15 Nov. 15
 Month and Year

TO THE SUPERVISOR/EMPLOYEE:

Please complete the remainder of this form. The Board will rely on your answers to the following questions in determining whether or not this applicant should be approved to take the examination or issued a license as a Professional Land Surveyor in Illinois. Please recognize the importance of this information and give due care to your responses. Return the completed form directly to the applicant in a sealed envelope to be submitted with the application.

PART I. EMPLOYER INFORMATION

A. SUPERVISOR NAME _____	B. EMPLOYER'S NAME _____
C. SUPERVISOR'S PROFESSION _____	D. EMPLOYER'S ADDRESS Street, City, State, ZIP Code _____ _____
E. SUPERVISOR'S LICENSURE DATA State(s) Of Licensure License No. Mo/Yr Initially Licensed _____ _____ _____ _____ _____ _____	F. EMPLOYER'S TELEPHONE NUMBER Area Code (___ ___) ___ ___ - ____

PART II. APPLICANT EMPLOYMENT INFORMATION

A. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	B. TOTAL TIME EMPLOYED ___ Years ___ Months	C. DATES OF EMPLOYMENT UNDER YOUR SUPERVISION (Use exact dates, not "present") From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year
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PART II. APPLICANT EMPLOYMENT INFORMATION (continued)

D. DID THE APPLICANT, UNDER YOUR OVERALL SUPERVISION, ENGAGE IN THE FOLLOWING SURVEYING ACTIVITIES 25% TO 50% OF TIME:

- a) field procedures to perform boundary surveys of existing or proposed tracts of land;
- b) field procedures to locate or re-establish section corners that are part of the public land survey system;
- c) field procedures to perform surveys for subdivisions and condominiums.

Yes No

DID THE APPLICANT, UNDER YOUR OVERALL SUPERVISION, ENGAGE IN THE FOLLOWING SURVEYING ACTIVITIES THE REMAINING PERCENT OF TIME:

- a) research of records to obtain data to perform boundary surveys or obtain other required data;
- b) calculations and analyses of data to determine locations, dimensions and area of existing or proposed tracts of land;
- c) calculations and analyses of data to determine position of section corners or locations, dimensions or areas of aliquot parts of sections, all in the public land survey system;
- d) preparation of legal descriptions;
- e) preparation of plats of surveys for existing or proposed tracts of land;
- f) preparation of plats of subdivisions and plats of condominiums;
- g) preparation of section corner monument records;
- h) field procedures to perform topographic surveys;
- i) preparation of topographic plats of surveys.

Yes No

E. RESPONSIBLE CHARGE OF LAND SURVEYING ACTIVITIES

1. Was the applicant in responsible charge of the land surveying activities with responsibility for successful accomplishment of the work **SUBJECT TO THE OVERALL SUPERVISION OF A LICENSED PROFESSIONAL LAND SURVEYOR, including, but not limited to,** making decisions on questions pertaining to the establishment or reestablishment of boundary lines, determining the position of any monument, etc.? Yes No

2. If "Yes," number of months: _____

F. DESCRIBE IN DETAIL THE SPECIFIC LAND SURVEYING ACTIVITIES PERFORMED BY THE APPLICANT BASED ON THE DEFINITION OF LAND SURVEYING AS STATED IN BOX D OF PART II ABOVE.

G. In your opinion, is there any reason why the applicant should not be licensed for the profession of Land Surveying?
 Yes No Explain:

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period(s) listed and that the information I have reported herein is true and correct to the best of my knowledge.

_____ Date

_____ Signature of Supervisor

NAME (Last, First, MI):

SS#:

Profession: