

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-SEG

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 Structural Engineer (or PE practicing structural), pursuant to Section 5 of the SE 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

SUPERVISOR INFORMATION:

| | |
|---|--|
| A. SUPERVISOR NAME | B. EMPLOYER'S NAME (AT TIME OF SUPERVISION) |
| C. REGISTRATION PROFESSION Structural Engineer - <i>Check only if state has a separate and distinct Structural Engineer License</i> Professional Engineer | D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE |
| E. SUPERVISOR'S LICENSURE DATA STATE(S) OF LICENSURE LICENSE NO. MO/YR INITIALLY LICENSED | F. SUPERVISOR CONTACT INFORMATION Phone () EMAIL |

EMPLOYMENT / EXPERIENCE INFORMATION:

1. APPLICANT EMPLOYMENT INFORMATION DURING YOUR SUPERVISION.

| | | |
|--|--|--|
| A. TYPE OF EMPLOYMENT Full-time Part-time | B. TOTAL TIME EMPLOYED Years Months | C. DATES OF EMPLOYMENT (Use exact dates, not "present") 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 STRUCTURAL ENGINEER AT THIS TIME?

NO YES (explain below if yes)

3. DESCRIPTION OF STRUCTURAL ENGINEERING PROJECTS.

Describe in detail, describe the types of structural engineering projects on which the applicant worked.

Acceptable experience shall be within the definition of the practice as set forth in Section 5 of the Act and shall require the application of technical knowledge and 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 structural aspects and specify the time accordingly.

Project descriptions should be listed in the below format. Attach additional sheets if necessary.

- 1) Name, location, and type of project (building, bridge, other)
- 2) Applicant role in the design of the project
- 3) Name of Engineer of Record for the project

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