



**PROFESSIONAL DESIGN FIRM:
REQUEST FOR REINSTATEMENT**

REQUIREMENTS TO RESTORE YOUR EXPIRED LICENSE TO ACTIVE STATUS:

1. Completed Form on Page two.
2. Required Fee: U.S. check or money order, payable to IDFPR totaling the amount of all lapsed fees (the current renewal fee of [\$75] for each missed bi-annual 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. A Board resolution appointing the Managing Agent for each profession that the firm offers.
 For an Architect Managing Agent, the individual must be a Director/Member/Partner of the Firm, pursuant to the Architecture Act that 2/3rds of the Board members are licensed design professionals in a U.S. jurisdiction.
 Sample wording is below.
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.**
- To add or remove a profession, you will need to use this form: [Add/Remove a profession from your Design Firm](#)
- The Reinstatement request may take up to 8 business weeks to be processed from the date of receipt.
- The Managing Agent is the individual who is in Responsible Control for the respective profession in Illinois.
- If adding multiple Managing Agents, complete numbers 10 through 15 on the form.
- All supporting documents must be submitted with your Reinstatement Request form.
- If you have questions, please contact the Department at 217.524.3210.

SAMPLE BOARD RESOLUTION:

RESOLUTION

The (Board of Directors/Members/Partners) of (Name of Firm), designates (Name of design professional) who is licensed in Illinois as a (Profession Name), (IL License number) (for architects ONLY—Member of the Board of Directors/Members/Partners), and a full time employee, as the managing agent in charge of all the (Profession Name) activities in Illinois.

_____	_____
Name	Signature & Date
_____	_____
Name	Signature & Date
_____	_____
Name	Signature & Date

Notes:

The resolution should be submitted on the firm’s letterhead.
 The engineering profession must be specified as either Professional Engineering OR Structural Engineering.
 If the firm’s practice includes architecture, the individual designated as the managing agent for architecture must be a member of the board of directors, full partner, or member of the PLLC, LLC or LLP and listed in the resolution.



**PROFESSIONAL DESIGN FIRM:
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PART I: PROFESSIONAL DESIGN FIRM INFORMATION

1. FIRM NAME		2. FIRM LICENSE NUMBER xxx-xxxxxx	
3. CURRENT MAILING ADDRESS			
STREET	CITY	STATE/ PROVINCE	POSTAL CODE
4. FIRM E-MAIL ADDRESS (required)		5. PHONE NUMBER	
6. FEIN OR U.S. SOCIAL SECURITY NUMBER		DEPARTMENT STAMP USE ONLY	

PART II: MANAGING AGENT CERTIFICATION (Each Managing Agent being appointed must certify).
 I certify that I am a full-time employee of the firm and acting as the Managing Agent for the profession that I am licensed for.

7. ILLINOIS LICENSE NUMBER OF MANAGING AGENT xxx-xxxxxx	10. ILLINOIS LICENSE NUMBER OF MANAGING AGENT xxx-xxxxxx	13. ILLINOIS LICENSE NUMBER OF MANAGING AGENT xxx-xxxxxx
8. NAME AS IT APPEARS ON LICENSE	11. NAME AS IT APPEARS ON LICENSE	14. NAME AS IT APPEARS ON LICENSE
9. ILLINOIS SEAL AND SIGNATURE OF MANAGING AGENT	12. ILLINOIS SEAL AND SIGNATURE OF MANAGING AGENT	15. ILLINOIS SEAL AND SIGNATURE OF MANAGING AGENT
Seal	Seal	Seal
_____ Signature & Date	_____ Signature & Date	_____ Signature & Date

PART III: 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 UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature below authorizes the Department 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.

I certify that I have read the above statements. _____
Signature Date