



PROFESSIONAL ENGINEER: INTERN & LICENSE QUALIFICATIONS, INFORMATION & APPLICATION

Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will aid you in accurately completing your application and eliminate any delay in processing. **All Illinois Professional Engineer licenses expire on November 30th of odd-numbered years, regardless of issuance date.**

The information contained in this packet is for **Professional Engineering** only. **A Professional Engineer in Illinois cannot perform ANY structural services. Do NOT use this information to apply for examination or licensure under the Structural Engineering Practice Act.** Illinois licenses Professional Engineers (PE) and Structural Engineers (SE) separately. Review and download an SE application here: www.idfpr.com/profs/se.asp

Important Information:

- ◆ An application is active for three years from the date of receipt by the Department.
- ◆ Fees must be a check or money order in US currency made payable to IDFPR.
- ◆ **FEES ARE NON-REFUNDABLE.**
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.com/About/FAQ.asp>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.
- ◆ We recommend that you review the Professional Engineering Practice Act and Administrative Rules here: <https://www.idfpr.com/profs/ProfEngineer.asp>
- ◆ Study materials can be found here: www.ncees.org
- ◆ Refresher courses can be found here: www.illinoisengineer.com

Abbreviations used in this document:

- National Council of Examiners for Engineering and Surveying (NCEES)
- Continental Testing Services, Inc. (CTS)
- Accreditation Board for Engineering Technology (ABET)
- Engineering Accreditation Committee (EAC)
- Fundamentals of Engineering Exam (FE)
- Principles & Practice of Engineering Exam (PE)

PROFESSIONAL DESIGN FIRM REGISTRATION

If your Design Firm plans to offer professional services in Illinois (Architecture, Professional Engineering, Structural Engineering, and/or Land Surveying) your Firm must be registered as a Professional Design Firm (PDF) with this Department. **Note: Offering services without a PDF registration is a violation of each of the four design profession Acts and subject to discipline by the Department.**

You may review the requirements here: <https://www.idfpr.com/Forms/RegRequirementsProfDesignFirm.pdf>

EXAM APPROVAL

Please review the information below for the correct option that corresponds with your specific education.

1. If you graduated from an approved U.S. EAC/ABET engineering program (or you are in your senior year of college in said program—for the FE exam only), **YOU NEED NOT APPLY TO THE DEPARTMENT FOR EXAM APPROVAL.** You may apply directly with the exam creator, NCEES (www.ncees.org) **and** the test administrator for Illinois, CTS (www.continentaltestinginc.net) to sit for the FE and/or PE examination.
2. If you graduated from one of the alternately accepted educational programs, you **must** apply to the Department for the Board to review your education to verify that it meets Illinois specific requirements and receive approval to sit for the FE and/or PE examination.

ENGINEER INTERN AND PE LICENSE QUALIFICATIONS

EDUCATION:

There are three (3) 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 U.S. EAC/ABET program.** (Section 1380.210 of the Admin. Rules).
- ◆ **Baccalaureate degree from a non-approved engineering program.** (Section 1380.220 b) 1) of the Admin. Rules).
- ◆ **Baccalaureate degree from a related science curriculum.** (Section 1380.220 b) 2) of the Admin. Rules).

Foreign Educated Applicants:

◆ **NCEES Credential Evaluation.**

If the Baccalaureate degree was earned outside the United States, an NCEES Credential Evaluation of the baccalaureate degree is required, pursuant to Section 1380.220 of the Administrative Rules.

The educational courses must meet Illinois specific requirements, which may differ from the NCEES standard.

Here is the link for NCEES: <http://ncees.org/credentials-evaluations/>

Not applicable if the Baccalaureate degree is accredited by the Canadian Engineering Accreditation Board.

◆ **TOEFL-iBT Exam.**

If the Baccalaureate courses were not taught in English; as indicated on the NCEES evaluation, the applicant is required to provide proof of passage of the TOEFL-iBT, pursuant to Section 1380.240 & 1380.250 of the Administrative Rules.

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:

- ◆ **NCEES - FE EXAMINATION, FOR ENROLLMENT AS AN ENGINEER INTERN**
- ◆ **NCEES - PE EXAMINATION, FOR LICENSURE AS A PROFESSIONAL ENGINEER**

EXAMINATION DEADLINES:

All non-approved engineering & related science program graduates must submit an application for Board review and approval to sit for the required exams.

For approval to sit for Paper and Pencil versions of the PE exam, the application must be received by the Department by the date below in order to ensure that it will be reviewed by the Board before the exam registration deadline. **If the application is not received by this date, the Department cannot guarantee it will be reviewed prior to the exam registration deadline.** Note: This requirement does not apply to Computer Based Testing (CBT) PE exams.

- For the APRIL Examination - November 15th
- For the OCTOBER Examination - May 15th

EXPERIENCE:

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. Review Section 1380.230 of the Administrative Rules for acceptable experience requirements.

Engineer Intern Enrollment:

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

Professional Engineer License:

1. **Four (4) years** of professional (non-structural) engineering experience is required for approved program graduates.
2. **Eight (8) years** of professional (non-structural) engineering experience is required for all non-approved engineering & related science 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:

- ◆ Education meeting one of the requirements as shown on page two.
- ◆ Successful passage of the FE examination.
- ◆ Four (4) years of professional (non-structural) engineering experience is required for all non-approved engineering & related science program graduates.

Unless the FE exam was passed under the Illinois Jurisdiction, the applicant must submit an official certification for passage of the FE exam on either the CT-ENG form or an official certification submitted through the MyNCEES system.

An NCEES score report is not acceptable.

LICENSURE AS A PROFESSIONAL ENGINEER

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

MINIMUM REQUIREMENTS:

- ◆ Education meeting one of the requirements as shown on page two.
- ◆ Successful passage of the FE examination.
- ◆ Successful passage of the PE examination.
- ◆ Required Professional (non-structural) Engineering experience based on your education.

Illinois offers applicants two methods of licensure as a PE in Illinois, provided they meet Illinois specific requirements.

- ◆ Initial License - Examination/Acceptance of Examination
- ◆ Endorsement of License from another U.S. jurisdiction (*Illinois does not offer Comity or Reciprocity*).

OFFICIAL TRANSCRIPTS:

All applicants who graduated from a U.S. or Canadian University must submit a conferred BS degree transcript.

It may be included with your application (if contained in the sealed envelope from the University) or emailed directly from the University to FPR.PRFGROUP02@ILLINOIS.GOV

Foreign graduates do not need to submit additional copies of their foreign transcripts as they should be included with the NCEES Credential Evaluation.

EXAM CERTIFICATION:

Any exam not passed under the Illinois Jurisdiction requires an official certification on either the CT-ENG form or an official certification submitted through the MyNCEES system. *An NCEES score report is not acceptable.*

ENDORSEMENT APPLICANTS:

If you are 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.

SUBMITTING AN NCEES RECORD INSTEAD OF THE ABOVE SUPPORTING DOCUMENTS?

- ◆ Any applicant submitting an NCEES Record as supplemental documentation to the application, is not required to submit exam or license certifications or official transcript(s) as long as the information is included in the record.
- ◆ Initial license applicants submitting an NCEES Record must submit the VE-PNG form for experience as the NCEES Record is not specific in terms of the Primary Responsibility requirement.
- ◆ Endorsement applicants submitting an NCEES Record are not required to submit the VE-PNG form for the experience.
- ◆ Note: The Board may still require any of the above documents if clarification is needed for any reason.

APPLICATION INSTRUCTIONS

IMPORTANT:

This four (4) page application is used by the Department for over 100+ professions.

Read and follow the below steps carefully as they will explain exactly how to complete this application.

Do NOT write “see NCEES Record” in any field, doing so will require us to return your application to you.

Wait at least four (4) weeks from the date you submit your application to contact the Department for a status update.

The numbers below will correspond with the specific parts of the four (4) page application.

1. APPLICATION CATEGORY INFORMATION AND FEES.

Use the chart below to complete **PART 1** of the application based upon what you are applying for.

Only one fee that is required.

Use the rows to locate the exam you are applying for or the method of licensure you are applying for.

If you are applying for your first PE license, select **Acceptance of Examination**.

If you are currently licensed as a PE in another U.S. jurisdiction, your method of licensure is **Endorsement**.

| Profession Name: Engineer Intern OR Professional Engineer | Profession Code | Licensure Method | Fee |
|---|------------------------|---------------------------|------------|
| Fundamentals of Engineering Exam | 061 | Examination | \$20 |
| Principles and Practice of Engineering Exam | 062 | Examination | \$100 |
| Fundamentals of Engineering AND Principles and Practice of Engineering Examinations (FULL EXAM) | 062 | Examination | \$100 |
| Enrolled Engineer Intern | 061 | Acceptance of Examination | \$20 |
| Professional Engineer | 062 | Acceptance of Examination | \$100 |
| Professional Engineer | 062 | Endorsement of License | \$100 |

2. 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.

3. EDUCATION INFORMATION.

All applicants 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.

4. 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.**

5. 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. Review page two and three for the required examination(s).

Regardless of what the application says - do not list **failed** exams, only list the examination(s) you have **passed**.

6. 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 and include a personal statement.

7. CHILD SUPPORT AND TAX INFORMATION.

All applicants must complete this section by law.

8. CERTIFYING STATEMENT.

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

APPLICATION CHECKLIST

ENGINEER INTERN AND/OR PE EXAM APPLICANTS MUST SUBMIT:

- ◆ A completed original application.
- ◆ An application fee, check or money order (payable to IDFPR) in U.S. currency.
- ◆ Verification of Experience (**VE-PNG**) form for any required experience to be reviewed.

Note: An NCEES Record does not satisfy this requirement.

- ◆ An NCEES Record.

OR

Official transcripts for conferred Baccalaureate degree and any other education you are claiming.

(Not applicable for foreign educated applicants as they should be contained in your NCEES evaluation).

Certification from the jurisdiction where the FE Exam was passed (unless passed in Illinois)

- ◆ **FOREIGN EDUCATED APPLICANTS MUST SUBMIT:**

- NCEES Credentials Evaluation
- TOEFL-iBT examination results (if applicable)

PROFESSIONAL ENGINEER LICENSE APPLICANTS MUST SUBMIT:

- ◆ A completed original application.
- ◆ An application fee, check or money order (payable to IDFPR) in US currency.
- ◆ Verification of Experience (**VE-PNG**) Form for any experience to be reviewed.

Note: This is required for all Initial license applicants and any Endorsement applicant not submitting an NCEES Record.

- ◆ An NCEES Record.

OR

Official transcripts for conferred Baccalaureate degree and any other education you are claiming.

(Not applicable for foreign educated applicants as they should be contained in your NCEES evaluation).

Certification from the jurisdiction where the FE Exam was passed (unless passed in Illinois)

Certification from the jurisdiction where the PE Exam was passed (unless passed in Illinois)

Certification from the *original* state of licensure (For Endorsement applicants)

Certification from the *current* state of active practice (For Endorsement applicants)

- ◆ **FOREIGN EDUCATED APPLICANTS MUST SUBMIT:**

- NCEES Credentials Evaluation
- TOEFL-iBT examination results (if applicable)

ONCE YOUR LICENSE IS ISSUED:

We 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 useful information regarding your profession.

You may access the manual here: https://www.idfpr.com/forms/DPR/Design_Code_Manual.pdf

MAIL TO:



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

HAVE QUESTIONS:

Phone (800) 560-6420
Email: FPR.PRFGROUP02@illinois.gov

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for double-sided printing.**

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 \$ |
|--------------------|----------------------------|---------------------|--------------|

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

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. UNITED STATES SOCIAL SECURITY NO. ____-____-____ |
|------------------------------|-------------------------------------|--|

| | | |
|---|----------|--------|
| 4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY | ZIP CODE | COUNTY |
|---|----------|--------|

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| 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. MOTHER'S MAIDEN NAME |
|--|-------------------------|

| | | |
|---|--|---|
| 8. PLACE OF BIRTH CITY STATE/COUNTRY | 9. DATE OF BIRTH ____/____/____ Month Day Year | 10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male |
|---|--|---|

| | |
|---|---------------------------------------|
| 11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code) Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code) | 12. REQUIRED E-MAIL ADDRESS |
|---|---------------------------------------|

NAME (Last, First, MI):

SS#:

Profession:

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 Received OR 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 |
|---|--|---|

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 Month/Year | TO Month/Year | |
| | | | | |
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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? |
|------------------|---|---------------------|------------------|--|
| | | FROM Month/Year | TO 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 |

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 | | | | |
| | | | | |
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(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) |
| | | | |
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| | | | |
| | | | |
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(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 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 VII: Child Support and Tax 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"/> <i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p> |
| <p>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."</p> <p>Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

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.

Signature of Applicant Date

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.

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.

CERTIFICATION BY LICENSING AGENCY/BOARD

SUPPORTING DOCUMENT

CT-ENG

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 the 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: right;"> _____ <small>Profession Name Profession Code</small> </div> |
|--|--|

| | |
|----------------------------|--|
| 6. MAIDEN OR GIVEN SURNAME | 7. APPLICANT TELEPHONE NUMBER Area Code (___ ___) - - - - |
|----------------------------|--|

8. 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"/> | Engineer Intern | | |
| <input type="checkbox"/> | Professional Engineer | | |
| <input type="checkbox"/> | Structural Engineer | | |

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 |
|-----------------------|----------------|---------------|-----------------|
| Engineer Intern | | | |
| Professional Engineer | | | |
| Structural Engineer | | | |

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.) |
|---|---|

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 |
|---|----------------------|---------------------|-------|
| Engineer Intern: NCEES Fundamentals of Engineering Other: _____ | | | |
| Professional Engineering: NCEES Principles and Practice <u>Discipline</u> _____ Other: _____ | | | |
| Structural Engineering: NCEES Structural I <input type="checkbox"/> NCEES Structural II <input type="checkbox"/> State Constructed Structural Examination <input type="checkbox"/> NCEES 16 Hour Structural <input type="checkbox"/> 8 Hour Vertical Forces Component <input type="checkbox"/> 8 Hour Lateral Forces Component <input type="checkbox"/> Other <input type="checkbox"/> _____ | | | |

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

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code () _____

Telephone Number

SEAL

4. 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 of project & location of project
- 2) Type of project
- 3) Materials used in the project
- 4) Applicant role in the design of the project
- 5) 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