



PROFESSIONAL LAND SURVEYOR

APPLICATION INSTRUCTIONS

General Information:

Education:

- The educational requirements are based upon the Baccalaureate degree not a post-graduate degree.
- All applicants **must** apply to the Department for Board approval **prior** to being allowed to sit for examinations under the Illinois Professional Land Surveyor Act.
- Approved programs are a Domestic four (4) year Baccalaureate degree in land surveying.
- Applicants with a Related Science curriculum (including 24 semester hours of land surveying courses) may apply for examination or licensure approval under Section 1270.15 of the Administrative Rules.

Application:

- An original application must be submitted and it must contain an original signature.
- You must have an active application to take examinations. Applications are active for three years.
- All supporting documents, forms, etc. must be submitted at the same time as your fully completed application.
- Fees must be a check or money order in US currency made payable to ***IDFPR***. **FEES ARE NON-REFUNDABLE.**
- Please review our FAQ's here: 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.
- You may review the Professional Land Surveyor Practice Act and Administrative Rules here: www.idfpr.com

Abbreviations used in this document:

- National Council of Examiners for Engineering and Surveying (**NCEES**)
- Accreditation Board for Engineering Technology (**ABET**)

PROFESSIONAL DESIGN FIRM REGISTRATION REQUIREMENT. All firms offering professional services (Architecture, Professional Engineering, Structural Engineering and/or Land Surveying) in Illinois must be registered by this Department as a Professional Design Firm and must also be authorized by the Illinois Secretary of State to transact business in Illinois. *Offering or performing work in Illinois without proper license and authorization is a violation of each Design Profession Act.*

STEPS TO COMPLETE THE 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.

Profession Name:	Profession Code	Licensure Method	Fee
Surveyor Intern OR Professional Land Surveyor			
Surveyor Intern	028	Examination	\$70
Professional Land Surveyor	035	Examination	\$150
Professional Land Surveyor	035	Endorsement of License	\$150

- 2. APPLICANT IDENTIFICATION INFORMATION.** All applicants must fully complete this section in order to be approved to sit for examinations or be licensed by the Department. 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. **A valid email address is required to receive all department notifications, license download link and renewal notices.** *If you do not have a US Social Security Number, contact the Department for the appropriate affidavit form.*

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3. **EDUCATION.** Illinois specific educational requirements must be met. Refer to Section 1270.10 for requirements of an approved program or Section 1270.15 for requirements of a related science curriculum. All applicants must submit an official transcript from each college listed on your application. Any educational deficiencies must be corrected prior to approval to sit for any exam or licensure.
- A. **All foreign-educated applicants must provide a course-by-course evaluation of the BS degree.** The Board has only approved the NCEES Credentials Evaluation for evaluation of foreign Baccalaureate degrees. Contact NCEES at www.ncees.org, to start the process with your credential evaluation.
 - B. **All foreign-educated applicants must submit proof of passing the TOEFL-iBT, pursuant to Section 1270.10 of the Administrative Rules.** Contact the Test of English as a Foreign Language internet Based Test (TOEFL-iBT) Services at www.ets.org to start the process to take that exam.
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4. **LICENSE INFORMATION.** Applicants who have or who currently hold a Professional Land Surveyor license/registration in another US jurisdiction must complete this section. List ONLY the active license(s) you hold. If you have never been licensed as an Professional Land Surveyor (PLS), simply write N/A in the State of Original Licensure field.

Professional Land Surveyor License: All applicants applying for approval to sit for the Professional Land Surveyor exam and subsequent licensure as a PLS must meet all licensure requirements of Section 1270.10 of the Administrative Rules prior to submitting an application for Board approval to sit for the PLS exam.

- A. A Baccalaureate degree meeting the requirements of Section 1270.10 or 1270.15 of the Administrative Rules. If your Baccalaureate degree was earned outside the United States, you must submit a credential evaluation from NCEES. *All educational deficiencies determined by the Land Surveyors Licensing Board must be corrected prior to approval to sit for examinations & licensure.*
- B. Passage of the FS examination. Unless passed in Illinois Jurisdiction, you must submit verification on the CT-LSR form. A score report from NCEES is not acceptable. *The Department will accept electronic certification from NCEES if it originates from the original licensing jurisdiction where you passed the exam.*
- C. Minimum four years of acceptable PLS experience gained AFTER passage of the FS exam. Four years of submitted experience must be in responsible charge. Experience must be submitted on the VE-LSR form.

Endorsement of License: Illinois does NOT offer Comity or Reciprocity.

Applicants applying for ENDORSEMENT of licensure from another US jurisdiction must verify that they met Illinois specific requirements at the time of original licensure, pursuant to Section 1270.30 of the Administrative Rules. You must be a licensed Professional Land Surveyor in another US jurisdiction or territory to apply.

Illinois requires the following for licensure:

- A. A Baccalaureate degree meeting the requirements of Section 1270.10 or 1270.15 of the Administrative Rules. If your Baccalaureate degree was earned outside the United States, you must submit a credential evaluation from NCEES. *All educational deficiencies determined by the Land Surveyors Licensing Board must be corrected prior to licensure.*
- B. Passage of the FS and the PS examinations. Unless passed in Illinois Jurisdiction, you must submit verification on the CT-LSR form. A score report from NCEES is not acceptable. *The Department will accept electronic certification from NCEES if it originates from the original licensing jurisdiction where you passed the exam.*
- C. Minimum four years of acceptable PLS experience gained AFTER passage of the FS exam. Four years of submitted experience must be in responsible charge. Experience must be submitted on the VE-LSR form.
- D. All approved applicants for Endorsement of licensure must pass the Illinois Jurisdictional examination.

NCEES Record Holder: If you are submitting an NCEES Record for inclusion with your application, you are NOT required to submit the CT-LSR for the FS & PS exam passage and license verification or any Domestic University transcripts as long as they are included in your record. The Board may still require any of the above documents if clarification is needed for any reason. *You must submit the VE-LSR form for your experience as the NCEES Record is not specific in terms of responsible charge time.*

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5. **EXAMINATION INFORMATION.** Applicants must verify that they have taken and passed each appropriate examination. Illinois requires passage of the FS exam and PS exam for licensure as a Professional Land Surveyor. List **ONLY** the examinations you have **passed**.

Illinois Jurisdictional Exam:

All applicants applying for licensure as a Professional Land Surveyor must pass the Illinois Jurisdictional examination, pursuant to Section 1270.20 of the Administrative Rules. You must be approved by the Board in order to sit for the exam.

Surveyor Intern: All applicants applying to sit for the FS Exam and subsequent enrollment as an SI must meet all requirements of Section 1270.5 of the Administrative Rules prior to submitting an application for Board approval to sit for the FS exam.

Notes:

- A. The Surveyor Intern Certificate is NOT a license to practice.
- B. All foreign-educated applicants must submit the appropriate course-by-course evaluation of their degree pursuant to Section 1270.5 of the Administrative Rules.

Professional Land Surveyor Exam: All applicants applying for the Principles & Practice of Surveying and Illinois Jurisdictional exams must submit the following to be approved to sit for the PS exam and subsequent licensure:

- A. Baccalaureate degree meeting the requirements of Section 1270.10 or 1270.15 of the Administrative Rules. If your Baccalaureate degree was earned outside the United States, you must submit a credential evaluation from NCEES. *All educational deficiencies determined by the Land Surveyors Licensing Board must be corrected prior to approval to sit for examinations & licensure.*
- B. Passage of the FS examination. Unless passed in Illinois Jurisdiction, you must submit verification on the CT-ENG form. A score report from NCEES is not acceptable. *The Department will accept electronic certification from NCEES if it originates from the original licensing jurisdiction where you passed the exam.*
- C. Minimum four years of acceptable PLS experience gained AFTER passage of the FS exam. Four years of submitted experience must be in responsible charge. Experience must be submitted on the VE-LSR form.

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6. **PERSONAL HISTORY.** 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.*

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7. **EXAMINATION CODING INFORMATION.** THIS SECTION IS NOT APPLICABLE FOR THIS PROFESSION. **Leave this section blank and move on to the next section.**

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8. **CHILD SUPPORT/STUDENT LOAN INFORMATION.** All applicants must answer this section by law.

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9. **CERTIFYING STATEMENT.** All applicants must sign and date the application for it to be accepted.

EXPERIENCE REQUIREMENT. All experience must be documented on the Department form VE-LSR, gained AFTER passage of the FS exam and must be directly supervised by a licensed Professional Land Surveyor. The experience must be completed prior to submitting an application for approval to sit for the required exams and subsequent licensure. Each VE-LSR form must remain in the sealed and signed envelope when submitted to the Department. Review Section 1270.13 of the Administrative Rules for acceptable experience requirements.

Experience is required for:

Licensure as an Professional Land Surveyor

-A minimum of four (4) years of verified land surveying experience is required.

-48 months must be in responsible charge time.

APPLICATION CHECKLIST FOR PROFESSIONAL LAND SURVEYOR

ALL APPLICANTS MUST SUBMIT:

	Completed Original Application.
	Application Fee, check or money order (payable to IDFPR) in US currency.
	Verification of Employment (VE-LSR) Form. An NCEES Record does not satisfy this requirement.

ADDITIONAL SUPPORTING DOCUMENTS: *(Not all documents will be applicable to you)*

	NCEES Council Record
	or (education and examination/licensure as noted below)
	<ul style="list-style-type: none"> ● Proof of Education (official transcripts from ALL colleges/universities attended)
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-LSR) from jurisdiction where the FS Exam was passed
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-LSR) from jurisdiction where the PS Exam was passed
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-LSR) from original state of licensure
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-LSR) from current state of active practice
	TOEFL and TSE or TOEFL-iBT examination results
	NCEES Credentials Evaluation of foreign educational credentials

STUDY MATERIALS AND REFRESHER COURSES.

Examination study materials can be found here: www.ncees.org

Refresher courses and other information can be found here: www.iplsa.org

Mail your completed application, fee and support documents to:

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

Questions:

Phone (800) 560-6420
 Email: FPR.PREGROUP02@illinois.gov

<h1 style="margin: 0;">APPLICATION FOR LICENSURE AND/OR EXAMINATION</h1>	<p>FOR OFFICIAL USE ONLY</p>
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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. 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 \$ _____
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B. 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"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <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, I am now applying under new statutory language. |
|---|--|

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. ____ - ____ - ____
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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 _____
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
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8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
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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
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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	TO	
		Month/Year	Month/Year	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM	TO	
		Month/Year	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				

(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 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 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 - - - - -
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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.
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6. MAIDEN OR GIVEN SURNAME	_____ <div style="display: flex; justify-content: space-between;"> Profession Name Profession Code </div>
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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) <ul style="list-style-type: none"> <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"/> Reciprocity with (State) _____ |
| <input type="checkbox"/> Acceptance of Examination Results (Administered in Another 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.) |

NAME (Last, First, MI):

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

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 325/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	<h2 style="margin: 0;">VERIFICATION OF EMPLOYMENT / EXPERIENCE</h2>	SUPPORTING DOCUMENT <h1 style="margin: 0;">VE - LSR</h1>
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APPLICANT: Complete this section of the form. Then forward the form to your supervisor from whom you obtained your experience for the specified time. Your supervisor must return the completed form to you in a sealed envelope to be submitted with the application OR they can email it directly to FPR.PRFGROUP02@illinois.gov. If additional forms are needed, you are authorized to make copies of this form.

1. NAME LAST FIRST MIDDLE	2. SOCIAL SECURITY NUMBER ____ - ____ - _____	3. PROFESSION APPLYING FOR <input type="checkbox"/> SURVEYOR INTERN (028) <input type="checkbox"/> PROF. LAND SURVEYOR (035)
4. ADDRESS STREET, CITY, STATE, ZIP CODE	DEPARTMENT USE ONLY	
5. MAIDEN OR GIVEN SURNAME		

NOTE: For experience to be accepted, the supervisor must be licensed as an Professional Land Surveyor, pursuant to Section 5 of the PLS Act; who is in direct control and supervision of the applicant.

SUPERVISOR: Complete the remainder of this form. Specify the dates that the applicant was under your direct control and supervision. Return the completed form to the applicant in a sealed envelope to be submitted with his/her application OR email it directly to FPR.PRFGROUP02@illinois.gov.

PART I - SUPERVISOR INFORMATION

A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISION)															
C. SUPERVISOR LICENSE INFORMATION <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">APPLICABLE STATE(S) OF LICENSURE</th> <th style="width: 30%;">LICENSE NUMBER</th> <th style="width: 40%;">MO/YR INITIALLY LICENSED</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	APPLICABLE STATE(S) OF LICENSURE	LICENSE NUMBER	MO/YR INITIALLY LICENSED	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE E. SUPERVISOR CONTACT INFORMATION Phone (____) _____-_____ Email _____
APPLICABLE STATE(S) OF LICENSURE	LICENSE NUMBER	MO/YR INITIALLY LICENSED														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
F. IN YOUR PROFESSIONAL OPINION IS THERE ANY REASON WHY THE APPLICANT SHOULD NOT BE LICENSED TO PRACTICE PROFESSIONAL LAND SURVEYING? <input type="checkbox"/> YES (If YES, explain.) <input type="checkbox"/> NO																

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.

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 (Use exact dates, not "present") From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year

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/or plats of condominiums;
- g) preparation of section corner monument records;
- h) field procedures to perform topographic surveys;
- i) preparation of topographic plats of surveys.
- j) staking the alignments or elevation of proposed improvements.

Yes No

E. DESCRIBE IN DETAIL, THE SPECIFIC LAND SURVEYING ACTIVITIES PERFORMED BY THE APPLICANT BASED ON THE ABOVE QUESTIONS. (Attach additional sheets if necessary).

F. 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 you answered YES to the above, please indicate the number of months in Responsible Charge : _____

NAME (Last, First, MI):

SS#:

Profession: