PROFESSIONAL LAND SURVEYOR: 
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 Land Surveyor licenses expire on November 30th of even-numbered years, regardless of issuance date.

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 Land Surveyor Practice Act and Administrative Rules here: https://www.idfpr.com/profs/LandSurv.asp
♦ Study materials can be found here: www.ncees.org
♦ Refresher courses can be found here: www.iplsa.org

Abbreviations used in this document:
- National Council of Examiners for Engineering and Surveying (NCEES)
- Continental Testing Services, Inc. (CTS)
- Professional Land Surveyor (PLS)
- Surveyor Intern (SI)
- Fundamentals of Surveying Exam (FS)
- Principles and Practice of Surveying Exam (PS)
- Illinois Jurisdictional Exam (IJ)

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 four design profession Acts and subject to discipline by the Department.

Each office in Illinois that offers Land Surveying services must have a resident surveyor designated.

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

EXAM APPROVAL

You must apply to the Department for the Board to review your education and/or experience to verify that it meets Illinois specific requirements and receive approval to sit for the FS and/or PS examination as well as the IJ examination.

Once you are approved by the Board to sit for the FS and/or the PS exam, you may then register with the exam creator, NCEES (www.ncees.org) and the test administrator for Illinois, CTS (www.continentaltestinginc.net).

For the IJ examination, you only need to register with the test administrator for Illinois, CTS. (www.continentaltestinginc.net)
EDUCATION:
There are two (2) types of Baccalaureate degrees that are accepted under the Land Surveyor Practice Act. Note, the educational requirement is based upon a Baccalaureate degree, not a post-graduate degree.

♦ Baccalaureate degree in Land Surveying with 24 hours of LS coursework - Approved Program.
  (Section 1270.15 of the Administrative Rules).
♦ Baccalaureate degree with 24 hours of LS coursework.
  (Section 1270.15 of the Administrative Rules).

Foreign Educated Applicants:
♦ NCEES Credential Evaluation.
  If your Baccalaureate degree was earned outside the United States, an NCEES Credential Evaluation of the Baccalaureate degree is required, pursuant to Section 1270.5 & 1270.10 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/](http://ncees.org/credentials-evaluations/)
♦ TOEFL-iBT Exam.
  If your Baccalaureate courses were not taught in English; as indicated on your NCEES evaluation, you are required to provide proof of passage of the TOEFL-iBT, pursuant to Section 1270.5 & 1270.10 of the Administrative Rules.

EXAMINATION:
Pursuant to Section 1270.20 of the Administrative Rules, there are three examinations that are currently administered and accepted for the Land Surveyor profession:
♦ NCEES - FS EXAMINATION, FOR ENROLLMENT AS A SURVEYOR INTERN
♦ NCEES - PS EXAMINATION, FOR LICENSURE AS A LAND SURVEYOR
♦ ILLINOIS JURISDICTIONAL EXAMINATION, FOR LICENSURE AS A LAND SURVEYOR

EXPERIENCE:
All experience must be gained under the supervision of a licensed Land Surveyor. The experience requirement begins AFTER passage of the FS examination. Review Section 1270.13 of the Administrative Rules for acceptable experience requirements.

Land Surveyor License:
1. Four (4) years of land surveying experience is required for all applicants.
ENROLLMENT AS A SURVEYOR INTERN

Enrollment is based on education and examination.

**MINIMUM REQUIREMENTS:**
- Education meeting one of the requirements as shown on page two.
- Successful passage of the FS examination.

Upon successful passage of the FS exam and after your score information has been received by the Department, you will receive an email from the Department with a link to download your SI certificate.

**IMPORTANT:**
Unless you pass the FS exam with pre-approval from the Illinois PLS Board you cannot be enrolled as an SI.

LICENSURE AS A PROFESSIONAL LAND SURVEYOR

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 FS examination.
- Successful passage of the PS examination.
- Successful passage of the IJ examination.
- Required Land Surveying experience.

Illinois offers applicants two methods of licensure as a PLS in Illinois, provided they meet Illinois specific requirements.
- Initial License - 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. 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.PRGROUP02@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-LSR form or an official certification submitted through the MyNCEES system. *An NCEES score report is not acceptable.*

**ENDORSEMENT APPLICANTS:**
The Board allows for self-verification of land surveying experience under the applicant’s own license. Complete the VE-LSR 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-LSR form for experience as the NCEES Record is not specific in terms of the Responsible Charge requirement.
- Endorsement applicants submitting an NCEES Record are not required to submit the VE-LSR form for the experience.
- Note: the Board shall require any of the above documents if clarification is needed for any reason.

Upon successful passage of the FS, PS and IJ examinations and after your score information has been received by the Department, you will receive an email from the Department with a link to download your PLS license.
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 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 to take the PS exam for licensure, you will use Examination. If you are licensed as a Land Surveyor in another U.S. jurisdiction, your method of licensure is Endorsement.

<table>
<thead>
<tr>
<th>Profession Name:</th>
<th>Profession Code</th>
<th>Licensure Method</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveyor Intern</td>
<td>028</td>
<td>Examination</td>
<td>$70</td>
</tr>
<tr>
<td>Professional Land Surveyor</td>
<td>035</td>
<td>Examination</td>
<td>$150</td>
</tr>
<tr>
<td>Professional Land Surveyor</td>
<td>035</td>
<td>Endorsement of License</td>
<td>$150</td>
</tr>
</tbody>
</table>

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 SI/SIT certificate or Land Surveyor license/registration in another U.S. jurisdiction must complete this section. List ONLY the active SI/SIT 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 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.
SURVEYOR INTERN APPLICANTS MUST SUBMIT:

- A completed original application.
- An application fee, check or money order (payable to IDFPR) in U.S. currency.
- 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).

FOREIGN EDUCATED APPLICANTS MUST SUBMIT:

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

LAND SURVEYOR 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-LSR) Form for your Land Surveying 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 FS Exam was passed (unless passed in Illinois)
Certification from the jurisdiction where the PS 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.

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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APPLICATION FOR LICENSURE AND/OR EXAMINATION

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.

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 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 as. Proof of Change of Assignment with your marriage license, a certificate of marriage license, divorce decree, a court order.

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

☐ This is the first time I have made application for this profession in Illinois.
☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
☐ Other: ____________________________________________

☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
☐ 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.

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

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

10. AGE ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (_______) ______-________ Home: (_______) ______-________

Fax: (_______) ______-________ Fax: (_______) ______-________

E-MAIL ADDRESS

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.
### PART III: Education Information

#### 1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

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<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
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</tbody>
</table>

**Graduated?**
- Yes
- No

**Received?**
- Yes
- No

**OR G.E.D.?**
- Yes
- No

#### 2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

#### 3. LAST PRELIMINARY SCHOOL LOCATION
- (City and State or Country)

#### 4. DATE OF GRADUATION
- Month / Year

#### 5. COLLEGE OR UNIVERSITY (Circle number of years completed)

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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

**Graduated?**
- Yes
- No

#### 6. COLLEGE OR UNIVERSITY NAME
- (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
</table>

|   | Month/Year | Month/Year |

#### 7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
</table>

|   | Month/Year | Month/Year |   | Yes | No |

|   | Yes | No |

|   | Yes | No |

|   | Yes | No |

|   | Yes | No |
### 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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Current Licensure where you most recently have been practicing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other States of Licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Passed, Failed, Absent)</td>
</tr>
</tbody>
</table>

(If additional space is needed, attach a separate sheet.)
### PART VI: Personal History Information  (This part must be completed by all applicants)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If yes, attach a detailed explanation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART VII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer &quot;no.&quot;)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In accordance with 20 ILCS 2105-15(g), &quot;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.&quot; Are you delinquent in the filing of state taxes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

APPLICANT INFORMATION:

1. NAME LAST FIRST MIDDLE

2. SOCIAL SECURITY NUMBER

SUPPORTING DOCUMENT

VERIFICATION OF EMPLOYMENT/EXPERIENCE

REQUIREMENTS AND INSTRUCTIONS:

For experience to be accepted, the supervisor must be licensed as a Professional Land Surveyor pursuant to Section 5 of the PLS 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 applicant’s application for review by the Board.

Email to: FPR.PROFESSIONALSERVICESMAIL@ILLINOIS.GOV

SUPERVISOR INFORMATION:

A. SUPERVISOR NAME

B. EMPLOYER’S NAME (AT TIME OF SUPERVISION)

C. SUPERVISOR LICENSE INFORMATION

APPLICABLE STATE(S) OF LICENSURE MO/YR INITIALLY LICENSED LICENSE NUMBER

D. SUPERVISOR’S WORK ADDRESS (AT TIME OF SUPERVISION)

STREET, CITY, STATE, ZIP CODE

E. 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 ___ / ___ / ___

Month Day Year

Month Day Year

2. RESPONSIBLE CHARGE REQUIREMENT.

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.? ☐ NO ☐ YES

3. If you answered YES to the above, please indicate the number of months in Responsible Charge below.

Number of Months in Responsible Charge under your supervision: ________________

(If no experience was in Responsible Charge, please indicate with a zero)

4. IN YOUR PROFESSIONAL OPINION, IS THERE ANYTHING THAT WOULD CAUSE YOU TO BELIEVE THE APPLICANT SHOULD NOT BE LICENSED IN ILLINOIS AS A PROFESSIONAL LAND SURVEYOR AT THIS TIME?

☐ NO ☐ YES (explain below if yes)
5. 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

6. DESCRIPTION OF LAND SURVEYING PROJECTS.

Describe in detail, the types of land surveying projects on which the applicant worked under your supervisor.

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 land surveying 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.

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

1) Name & location of project
2) Type of project
3) Applicant role in the design of the project
4) Name of Surveyor 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