



PROFESSIONAL ENGINEERING INFORMATION & APPLICATION INSTRUCTIONS

Which type of engineering are you interested in - **Professional or Structural?**

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:

- ◆ 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**)
- Accreditation Board for Engineering Technology (**ABET**)
- Engineering Accreditation Committee (**EAC**)

EDUCATION REQUIREMENT

The educational requirement in Illinois is based upon the baccalaureate degree not a post-graduate degree. Any educational deficiencies determined by the Illinois PE Board must be corrected prior to approval to sit for any examination or for licensure.

There are two types of education that meet Illinois requirements:

- ◆ APPROVED ENGINEERING PROGRAMS
- ◆ ACCEPTED EDUCATIONAL PROGRAMS

Pursuant to Section 1380.210 of the Administrative Rules, the approved engineering program for Illinois is:

- ◆ A domestic ABET-EAC Baccalaureate degree.

Pursuant to Section 1380.220 of the Administrative Rules, other accepted educational programs that meet Illinois requirements are:

- ◆ A Baccalaureate degree from a non-approved engineering program (domestic or foreign earned).
- ◆ A Baccalaureate degree from a related science curriculum.

IMPORTANT NOTE:

Courses leading to a Baccalaureate degree in **Engineering Technology** do not meet the Illinois requirements for licensure, pursuant to Section 1380.220 e) of the Administrative Rules, as such your application will be denied.

Foreign Education Requirements:

If your 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 that of NCEES.

You must contact NCEES to start that process separately from submitting your application with this Department.

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

If your BS degree education is accredited by the Canadian Engineering Accreditation Board, you are **NOT** required to submit an NCEES credential evaluation in addition to your application and official transcripts.

If your baccalaureate courses were not taught in English, you are required to provide proof of passage of the TOEFL-iBT test, pursuant to Section 1380.240 4).

Contact the Educational Testing Service (ETS) at www.ets.org to start the process to take that exam.

If you have a Post-Graduate Degree in Engineering from an accredited US University, the TOEFL-iBT exam is waived.

EXAMINATION REQUIREMENT

Want to take a professional engineering exam in Illinois? Great!

There are two examinations given in Illinois under the Professional Engineering Practice Act.

The two examinations offered are:

- ◆ FUNDAMENTALS OF ENGINEERING (FE) EXAMINATION
- ◆ PRINCIPLES AND PRACTICE OF ENGINEERING (PE) EXAMINATION

Approval to sit for examinations is based solely on **education**.

Illinois allows applicants to sit for the examinations taken under the PE Act prior to having the required experience necessary for enrollment as an Engineer Intern or for licensure as a Professional Engineer.

Note: Illinois does not waive examinations as they are required for licensure as a Professional Engineer.

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

1. If you graduated from an approved engineering program (or are in your senior year of college in said program) you may apply directly with NCEES (www.ncees.org) and CTS (www.continentaltestinginc.net) to sit for the FE and/or PE examination. You do NOT need to apply to the department for approval to take exams.
2. If you graduated from one of the alternate 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. Any exam not passed in Illinois requires an official exam certification/verification to be submitted with your application.

EXPERIENCE REQUIREMENT

- ◆ Experience is not required to sit for examinations under the Illinois PE Act.
- ◆ All experience must be documented on the VE-PNG form and must be supervised by a licensed professional engineer or one who is legally practicing engineering pursuant to an exemption specified in Section 3 of the PE Act.
- ◆ Each VE-PNG form must remain in the signed & sealed envelope when submitted to the Department.
- ◆ For licensure, at least two (2) years of submitted experience must be in Primary Responsibility.
- ◆ Review Section 1380.230 of the Administrative Rules for acceptable experience requirements.

When experience is required:

Engineer Intern Enrollment:

1. Non-approved program and foreign graduates are required to submit **four (4) years** of engineering experience.

Professional Engineer License:

1. Domestic ABET-EAC graduates must submit **four (4) years** of engineering experience.
2. Non-approved program and foreign graduates are required to submit a total of **eight (8) years** of engineering experience; or if currently enrolled as an Illinois EI, an additional **four (4) years** engineering experience.

ENROLLMENT AS AN ENGINEER INTERN

All applicants, to be enrolled as an Engineer Intern (EI), must pass the FE examination and submit the required fee. All applicants must submit an official transcript showing conferral date of your BS degree with your application.

Note: an Engineer Intern certificate is NOT a license to practice.

- ◆ If you passed the FE exam in Illinois, you must submit either the “mini-app” received from CTS in the mail after passage of the examination or apply to the Department directly in order to be enrolled as an EI. No CT-ENG Form is required for those who pass the FE Exam in Illinois.
- ◆ If you passed the FE exam in another US jurisdiction, you must apply to the Department directly and submit an official certification of passage of the FE exam in order to be enrolled as an EI. The certification must be completed on either the CT-ENG form or sent electronically through the MyNCEES system. *Note: A score report from NCEES is not acceptable.*

LICENSURE AS A PROFESSIONAL ENGINEER

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

The current requirements for licensure as a PE in Illinois are:

- ◆ Meet the educational requirements of Section 1380.210 for domestic ABET-EAC BS degree programs or 1380.220 for all other BS programs.
- ◆ Pass the FE Examination under the authority of a US jurisdiction.
- ◆ Pass the PE Examination under the authority of a US jurisdiction.
- ◆ Have the required years of experience based on your education as shown on page 2.

Initial License - Acceptance of Examination:

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

Endorsement of License:

Illinois does NOT offer Comity or Reciprocity.

Applicants applying for ENDORSEMENT of licensure from another US jurisdiction must verify that they meet Illinois specific requirements for education, examinations/licensure and experience, pursuant to Section 1380.280 of the Administrative Rules.

Illinois requires the following for licensure by endorsement:

- A. Education that meets the requirements of either Section 1380.210 or Section 1380.220 of the Administrative Rules. Foreign applicants, please review the educational requirements on page 1 & 2.
- B. Passage of the FE and PE examinations under a US jurisdiction and proof of active PE licensure in another US jurisdiction.
- C. Have the required years of experience based on your education as shown on page 2.

Have an NCEES Record?

If you are submitting an NCEES Record as supplemental documentation to your ENDORSEMENT application, you are NOT required to submit exam or license verifications or official transcript(s) as long as the information is included in your record. Note: the Board may still require any of the above documents if clarification is needed for any reason.

Foreign applicants are required to submit an NCEES credential evaluation and TOEFL-iBT results (if applicable).

All applicants must submit the VE-PNG form for experience as the NCEES Record is not specific in terms of Primary Responsibility.

PROFESSIONAL DESIGN FIRM REGISTRATION.

If your 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.

You may review the requirements here: <http://www.idfpr.com/profs/ProfEngineer.asp> **Note: Offering services without a PDF license is a violation of each four design profession acts and subject to discipline by the Department.**

FOLLOW THESE STEPS TO COMPLETE THE APPLICATION

IMPORTANT:

This 4 page application is used by over 100+ professions by the Department. Not all portions of the application are required to be completed for the Professional Engineering profession. Read and follow the below steps carefully as they will tell you exactly what you are to complete for this application. **Do NOT write “see NCEES Record” in any field, doing so will require us to return your application to you.** 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. There is 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 this is your first license, you will use **Acceptance of Examination**. If you are licensed as a PE in another US jurisdiction, your method of licensure is **Endorsement**.

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

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.*

3. EDUCATION.

All applicants must fully complete this section. All applicants must submit an official transcript from each college listed on your application unless contained in your NCEES Record or Credential Evaluation. Refer to Page 1 for the educational requirements and additional requirements for foreign graduates.

4. LICENSE INFORMATION.

All applicants must complete this section. Applicants who have or who currently hold an EI/EIT certificate or Professional Engineer 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 a Professional Engineer, simply write N/A in the *State of Original Licensure* field. **Review the information on page 3 for what is required for your application.**

5. EXAMINATION INFORMATION.

All applicants must complete this section. Applicants must verify that they have taken and passed each appropriate examination. Review page 2 for the required examination(s). List ONLY the examination(s) you have **passed**.

EXAMINATION DEADLINE:

All non-approved 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. Note: This does not apply to any CBT based PE examination.**

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

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.

7. EXAMINATION CODING INFORMATION.
THIS SECTION IS NOT APPLICABLE FOR THIS PROFESSION. **Leave this section blank.**

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

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

WHAT YOU MUST SUBMIT TO THE DEPARTMENT

ALL APPLICANTS MUST SUBMIT:

- ◆ Completed Original Application
- ◆ Application Fee, check or money order (payable to IDFPR) in US currency
- ◆ Verification of Employment (**VE-PNG**) Form for any experience to be reviewed.
An NCEES Record does not satisfy this requirement.

- ◆ NCEES Council Record

OR

Official transcripts from ALL colleges/universities attended

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)

IF AN NCEES RECORD IS NOT BEING SUBMITTED, ENDORSEMENT APPLICANTS MUST ALSO SUBMIT:

- ◆ Certification from the *original* state of licensure
- ◆ Certification from the *current* state of active practice

FOREIGN EDUCATED APPLICANTS MUST SUBMIT:

- ◆ NCEES Credentials Evaluation of foreign educational credentials
- ◆ TOEFL-iBT examination results
(Waived if NCEES evaluation shows that BS courses were taught in English or applicant has a Post-graduate degree in Engineering from a U.S. University)

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

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

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"/> 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. ____ - ____ - ____
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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
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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	

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				

(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 (This part must be completed by all applicants)	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"/></p> <p>(NOTE: If you are not subject to a child support order, answer "no.")</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
<p>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.</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant</p> <p>_____</p> <p style="text-align: center;">Date</p> <p>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.</p>

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 ___ / ___ / ___ Month Day Year	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. <div style="text-align: right;"> _____ Profession Name _____ Profession Code </div>
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6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER Area Code (___ ___) - - - - - -
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8. COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR REQUEST, INDICATE ALL PROFESSIONS FOR WHICH A CERTIFICATION IS BEING REQUESTED.

✓	PROFESSION	LICENSE NUMBER	ISSUANCE DATE
<input checked="" 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.)
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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

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.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE-PNG

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 ___ ENGINEER INTERN (061) ___ PROFESSIONAL ENG. (062)
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 a Professional Engineer or one who is legally practicing professional engineering, pursuant to Section 3 of the PE 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;"> <tr> <th style="width: 33%;">APPLICABLE STATE(S) OF LICENSURE</th> <th style="width: 33%;">LICENSE NUMBER</th> <th style="width: 33%;">MO/YR INITIALLY LICENSED</th> </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> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </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
	APPLICABLE STATE(S) OF LICENSURE	LICENSE NUMBER	MO/YR INITIALLY LICENSED													
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
	E. SUPERVISOR CONTACT INFORMATION Phone (_____) _____ - _____ Email _____															

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

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
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D. DESCRIBE THE ENGINEERING PROJECTS IN WHICH THE APPLICANT WAS ENGAGED.

SUPERVISOR:

You are being asked to determine if the applicant was engaged in the design or construction and directed the work with responsibility for successful accomplishment of the project, including decisions on questions or methods of execution and suitability of materials, **subject to the direct supervision and control of a licensed or legally practicing Professional Engineer.**

PRIMARY RESPONSIBILITY REQUIREMENT.

At least TWO YEARS of experience must be in primary responsibility for professional engineering activities. This experience shall be within the definition of the practice as set forth in Section 4 (o) of the Act (below) and shall require the application of technical knowledge and professional engineering principles.

NOTE FOR INITIAL LICENSURE.

It is highly irregular for an applicant of initial licensure to have 48 months of experience and all 48 months be in Primary Responsibility. Please be mindful when specifying the number of months in Primary Responsibility.

Number of Months in Primary Responsibility: _____ (If no time, indicate with a zero)

Please describe the representative professional engineering projects that the applicant worked on. It should be in the following format:

- 1) name of project, 2) location of project, 3) type of project, 4) materials used in the project, 5) the role of the applicant in the design of the project, 6) the name of the person that sealed the documents for the project.

Attach additional sheets if necessary.

E. IN YOUR PROFESSIONAL OPINION, IS THERE ANY REASON WHY THE APPLICANT **SHOULD NOT** BE LICENSED TO PRACTICE PROFESSIONAL ENGINEERING? YES (If yes, explain.) NO

The definition of Professional Engineering as revised by the 225 Illinois Compiled Statutes 2009, 325/4. In this Act:

(o) "Professional Engineering practice" means the consultation on, conception, investigation, evaluation, planning, and design of, and selection of materials and methods to be used in, administration of construction contracts for, or site observation of an engineering system or facility, where such consultation, conception, investigation, evaluation, planning, design, selection, administration, or observation requires extensive knowledge of engineering laws, formulae, materials, practice, and construction methods. A person shall be construed to practice or offer to practice professional engineering, within the meaning and intent of this Act, who practices, or who, by verbal claim, sign advertisement letterhead, card, or any other way, is represented to be a professional engineer, or through the use of the initials "P.E." or the title "engineer" or any of its derivations or some other title implies licensure as a professional engineer, or holds himself out as able to perform any service which is recognized as professional engineering practice.