



# ARCHITECTURE

## INFORMATION & APPLICATION INSTRUCTIONS

### 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 Architecture Practice Act and Administrative Rules here: <https://www.idfpr.com/profs/Architect.asp>

### Abbreviations used in this document:

- Architectural Registration Examination (**ARE**)
- National Architectural Accrediting Board (**NAAB**)
- Canadian Architectural Certification Board (**CACB**)
- National Council of Architectural Registration Boards (**NCARB**)
- Education Evaluation Services for Architects (**EESA-NCARB**)
- Certification Alternative (**CA-NCARB**)
- Certification Alternative - Foreign Architect (**CAFA-NCARB**)
- Test of English as a Foreign Language internet Based Test (**TOEFL-iBT**)
- Architect Experience Program (**AXP**) (Formerly known as Intern Development Program - IDP)

## EDUCATION REQUIREMENT

**Accepted Education:** An NAAB Professional degree, CACB Accredited degree, EESA, CA or CAFA equivalent. A degree meeting the requirements of Section 1150.10 of the Administrative Rules is required for **initial** licensure.

### Foreign Educated applicants:

- ◆ All foreign educated applicants must either have an EESA evaluation of your degree (that meets NCARB requirements) or complete the CAFA Program through NCARB to be accepted by Illinois.
- ◆ Foreign educated applicants must submit proof of passing the TOEFL-iBT exam; unless exempt, pursuant to Section 1150.30 of the Administrative Rules. Contact the Educational Testing Service (ETS) at [www.ets.org](http://www.ets.org) to start the process to take that exam. **If you have a Post-Graduate Degree in Architecture from an accredited US University, the exam is waived.**

## EXAMINATION REQUIREMENT

- ◆ Want to take the ARE exam in Illinois? Great!
- ◆ All examinations must be taken through NCARB.
- ◆ You must be registered and authorized by NCARB under the Illinois Direct Registration Program in order to take the ARE in Illinois.
- ◆ Illinois does not waive the ARE examination as this is required for licensure as an Architect.

## EXPERIENCE REQUIREMENT

- ◆ Review Section 1150.10 of the Administrative Rules for acceptable experience requirements.
- ◆ Initial licensure:
  - Illinois requires applicants to meet the current NCARB AXP requirement to be licensed.
  - All experience is required to be documented through NCARB via the AXP Program.
  - You must have an NCARB account set up to accrue AXP hours.
- ◆ Endorsement of license:
  - You must meet the experience requirement in effect at the time of original licensure.

# LICENSURE AS AN ARCHITECT

Illinois offers applicants two methods of licensure as an Architect, provided they meet Illinois specific requirements.

## Initial License - by Acceptance of Examination:

- ◆ NAAB Degree or NCARB equivalent.
- ◆ Proof of passing all portions of the ARE and AXP record meeting Illinois requirements via the NCARB Record.

## 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 1150.60 of the Administrative Rules.

*Illinois requires the following for endorsement applicants:*

- ◆ Education that meets Illinois licensure requirements at the time of your original licensure.
- ◆ Proof of active licensure/registration as an architect in another US jurisdiction or territory at the time of application.
- ◆ Proof of passage of all portions of the ARE.
- ◆ Any applicant licensed as an architect after August 9, 1998 must submit an NCARB AXP Record for licensure.

## NCARB Record Holder:

If you are submitting an NCARB Record for inclusion with your ENDORSEMENT application, you are NOT required to submit the CT-ARC form for ARE exam passage and license verification, VE-ARC form for the experience or any transcripts as long as they are included in your record. However; the Board may still require any of the above documents if clarification is needed for any reason.

## Canadian Mutual Recognition:

Applicants applying under the Canadian MRA must meet Illinois requirements and have an NCARB Record.

## 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/Architect.asp>

**Note: Offering services without a PDF license is a violation of each four design profession acts and subject to discipline by the Department. Each office in Illinois must have a resident architect licensed in Illinois.**

# FOLLOW THESE STEPS TO COMPLETE THE APPLICATION

## IMPORTANT:

This four (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 Architect 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 NCARB 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 method of licensure you are applying for. If you are applying for your first licensure, you will use **Acceptance of Examination**. If you are currently licensed as an Architect in another US jurisdiction your method of licensure is **Endorsement**.

Profession Name: Architect	Profession Code	Licensure Method	Fee
Architect	001	Acceptance of Examination	\$100
Architect	001	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 for the appropriate affidavit form.*

**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 NCARB Record, Refer to Page 1 for the educational requirements and additional requirements for foreign graduates.

**4. LICENSE INFORMATION.**

All applicants must complete this section. **List ONLY the active license(s) you hold.** If you have never been licensed as an architect, simply write N/A in the *State of Original Licensure* field. Review the information on page 2 for what is required for your application.

**5. EXAMINATION INFORMATION.**

All applicants must complete this section. Applicants must verify that they have passed all portions of the ARE. Please list **ARE** for the name of the exam, the state the exam was passed in, month/year of the last portion passed and list **passed**. Do not list each portion individually or list portions that were failed.

**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.

**REQUIRED SUPPORTING DOCUMENTS.**

**A. AFFIDAVIT.**

**All** applicants for licensure as an architect must submit an affidavit attesting that he/she has read and understands the Illinois Architectural Practice Act of 1989 and the Administrative Rules. Notarization is not required, however the affidavit must be signed in ink and dated by the applicant. (An Affidavit form is not provided by IDFPR).

**B. VE-ARC.**

Unless you are submitting an NCARB Record, all experience after completion of the AXP must be documented on the Department form VE-ARC and must be supervised by a licensed architect or one who is legally practicing. Each VE-ARC form must remain in the sealed and signed envelope when submitted to the Department.

**C. CT-ARC.**

Unless you are submitting an NCARB Record, this document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure. **If examinations were passed in different states, verification from each state is required.** If any portion of the examination was passed in Illinois, you must indicate this in Part IV of the application.

# 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
- ◆ Affidavit. Attesting that you have read and understand the Illinois Architecture Practice Act and Administrative Rules. Note: There is no form provided.
- ◆ NCARB AXP Record, if licensed after August 9, 1998.
- ◆ NCARB Council Record

### OR

Official transcripts from ALL colleges/universities attended (or **EESA-NCARB** Evaluation Report)  
Certification from the jurisdiction where the ARE Exam was passed

## IF AN NCARB 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:

- ◆ **TOEFL-iBT** examination results  
(Waived if NCARB Record shows that BS courses were taught in English or applicant has a Post-graduate degree in Architecture 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](mailto: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. <b>REQUIRED</b> 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 <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. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b></p> <p>Are you more than 30 days delinquent in complying with a child support order? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>  <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? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></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.





NAME (Last, First, MI):

SS#:

Profession:

**PART IV. - CERTIFICATION OF EXAMINATION SCORES**

EXAMINATION SYLLABUS (After January, 1954)		MINIMUM PASSING SCORE	HOURS	GRADE	DATE PASSED							
A. Education & Experience / B. Personal Audience												
C. History & Theory of Architecture												
D. Site Planning												
E. Architectural Design												
F. Building Construction												
G. Structural Design												
H. Professional Administration												
I. Building Equipment												
EQUIVALENCY EXAMINATION (1973-77)			HOURS	GRADE	DATE PASSED							
I. Architectural												
II. Construction Theory & Practice												
III. Architectural Design/Site Planning												
QUALIFYING TEST (Beginning 1977)			HOURS	GRADE	DATE PASSED							
A. Architectural History												
B. Structural Technology												
C. Materials & Methods of Construction												
D. Environmental Control System												
E. Principals of Site Planning & Architectural Design (Thru 1978 only)												
F. Design/Site Planning (Thru 1978 only)												
PROFESSIONAL EXAMINATION-SECTION A (Beginning 1979)				GRADE	DATE PASSED							
DESIGN/SITE TEST												
PROFESSIONAL EXAMINATION-(Beginning 1973-SECTION B) (Beginning 1979)				GRADE	DATE PASSED							
PART I - Environmental Analysis												
PART II - Architectural Programming												
PART III - Design and Technology												
PART IV - Construction												
ARCHITECTURAL REGISTRATION EXAMINATION (ARE)												
(1983-1987)	GRADE	DATE PASSED	(1988-1996)	GRADE	DATE PASSED	(1997-2009)	GRADE	DATE PASSED	ARE 4.0 (2008-)	GRADE	DATE PASSED	
A-Pre-Design			A-Pre-Design			PD			Program Planning and Practice			
B-Site Design			B-Site Design/Written			SP				Site Planning and Design		
			B-Site Design/Graphic						Building Design & Construction Systems			
C-Building Design			C-Building Design			BP				Schematic Design		
D-General Structure						BT					Structural Systems	
E-Lateral Forces			D/F-General & Long Span			GS			Building Systems			
F-Long Span Structure			E-Lateral Forces			LF				Construction Documents & Services		
G-Mech/Electrical			G-Mechanical/Electrical			ME						
H-Materials/Methods			H-Materials/Methods			MM						
I-Construction Documents			I-Construction Documents			CD						

Have any NCARB examination grades been modified by this state under a review or appeal process?  Yes  No  
 If Yes, which divisions? \_\_\_\_\_

I certify that the information contained herein is true and correct according to the official records of this State.

SEAL \_\_\_\_\_  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO APPLICANT IN A SEALED ENVELOPE TO BE SUBMITTED WITH APPLICATION.**

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 ILCS 305/1 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-ARC

**APPLICANT:** Complete the applicant section of this form. Forward the form to the licensed professional employer or supervisor from whom you obtained your experience. You may duplicate this form if additional copies are needed.

**NOTE:** Professional experience is acceptable only if it was obtained under the supervision of a properly licensed supervisor or employer.

1. NAME      LAST              FIRST              MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ <small>Month      Day      Year</small>	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS    STREET, CITY, STATE, ZIP CODE	5. PROFESSION FOR WHICH YOU ARE MAKING APPLICATION <div style="text-align: center; font-weight: bold; font-size: 1.2em;">ARCHITECT</div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>_____ Profession Name</span> <span>0 0 1 Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME	7. EMPLOYER NAME AND ADDRESS	
8. SUPERVISOR NAME		

### TO THE SUPERVISOR:

Please complete the remainder of this form. The Board will rely on your answers to the following questions in determining whether or not this applicant should be issued a license as an architect in Illinois. Please recognize the importance of this information and give due care to your responses.

Return the completed form directly to the applicant in a sealed envelope to be submitted with the application.

PART I. SUPERVISOR INFORMATION	PART II. APPLICANT EMPLOYMENT INFORMATION																																																																																																
<b>A. SUPERVISOR NAME</b> _____	<b>A. DATES AND STATUS OF EMPLOYMENT</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> <th colspan="2">STATUS</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> <th>Full-time</th> <th>Part-time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	FROM			TO			STATUS		Month	Day	Year	Month	Day	Year	Full-time	Part-time							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
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<b>B. SUPERVISOR'S PROFESSION</b> _____																																																																																																	
<b>C. SUPERVISOR'S LICENSING DATA</b> State(s) of Licensure      License No.      MO/YR Initially Licensed _____      _____      _____ _____      _____      _____																																																																																																	
<b>D. BUSINESS NAME</b> _____																																																																																																	
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<b>F. BUSINESS TELEPHONE NUMBER</b> Area Code ( ____ )    ____ - ____																																																																																																	

**PART III. APPLICANT EMPLOYMENT INFORMATION - CONTINUED**

B. DESCRIBE THE ARCHITECTURAL PROJECTS IN WHICH THE APPLICANT WAS ENGAGED.

C. IN YOUR OPINION, IS THERE ANY REASON WHY THE APPLICANT SHOULD NOT BE LICENSED TO PRACTICE THE PROFESSION OF ARCHITECT?  YES  NO IF "YES," EXPLAIN.

D. RECORD ANY ADDITIONAL COMMENTS YOU MAY HAVE THAT MAY BE BENEFICIAL IN DETERMINING LICENSURE FOR THIS APPLICANT. IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE.

I do hereby declare that the information I have recorded hereon is true and correct. I understand that giving false information is a violation of Section 22 of the Illinois Architecture Practice Act of 1989.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Seal

OFFICIAL USE ONLY

NAME (Last, First, MI):

SS#:

Profession: