IDFPR
Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

APPLICATION FOR:
ENROLLED STRUCTURAL ENGINEER INTERN
STRUCTURAL ENGINEER LICENSE

DO NOT COMPLETE THIS APPLICATION IF:

- You want to apply for licensure as a Professional Engineer or sit for any examination under the Professional Engineering Act. Illinois licenses Professional Engineers (PE) and Structural Engineers (SE) separately. Review and download a PE application here: *https://www.idfpr.illinois.gov/profs/ProfEngineer.html*

Important Information:

- We recommend that you review the Education, Examination and Experience requirements prior to applying, which can be found at: *www.idfpr.illinois.gov/profs/se.html*
- An application is active for three years from the date of receipt by the Department.

Abbreviations used in this document:

- National Council of Examiners for Engineering and Surveying (**NCEES**)
- Accreditation Board for Engineering Technology (**ABET**)
- Fundamentals of Engineering Exam (**FE**)
- 16-Hour Structural Engineering Exam (**SE**)

PROFESSIONAL DESIGN FIRM REQUIREMENT

Any company that offers professional services in Illinois must be registered as a Professional Design Firm (PDF) with this Department. Professional services include: Architecture, Professional Engineering, Structural Engineering, and/or Land Surveying. **Offering services without a PDF registration is a violation of each of the four design profession Acts and subject to discipline by the Department.** Applicants are encouraged to advise a company principal of this requirement.

You may review the requirements here: *https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/renewals/apply/forms/f1419lt.pdf*

EXAM APPROVAL

Application to the Department is no longer required for exam approval. Candidates may register for the FE and/or SE exam at any time with NCEES at ***www.NCEES.org***. Once you have gained the required education, passed the applicable examination(s), and gained the applicable experience, submit your application to the Department for review by the Board.

STRUCTURAL INTERN AND LICENSE QUALIFICATIONS

EDUCATION:

There are two (2) types of Baccalaureate degrees that are accepted under the Structural Engineering Practice Act. Note, the educational requirement is based upon a Baccalaureate degree, not a post-graduate degree.

- ♦ A minimum of a Baccalaureate degree in Engineering with 18 hours of SE coursework - Approved Program.

  (Section 1480.110 of the Administrative Rules).
- ♦ A degree meeting the requirements listed in the Non-Approved section. (Section 1480.120 of the Administrative Rules).

Acceptable coursework to satisfy the 18 hour requirement includes, but is not limited to:

- ♦ Structural analysis courses such as determinate and indeterminate structures, stability and finite element analysis; and
- ♦ Structural design courses may include structural steel, reinforced concrete, prestressed concrete, foundation, masonry and wood engineering.
- ♦ If you have a senior project and functioned as the structural engineer on the project, include a course description for the course and a summary of your specific role on the project for Board review and possible acceptance.
- ♦ Note: courses such as mechanics (statics and dynamics), mechanics of materials, properties of materials, and soil mechanics **shall not** be included in the minimum 18 semester hours.

Requirements for foreign educated applicants:

- ♦ **NCEES Credential Evaluation.** If the Baccalaureate degree was earned outside the United States, a course-by-course evaluation of the baccalaureate degree by NCEES is required, pursuant to Section 1480.135 & 1480.140 of the Administrative Rules. The educational courses must meet Illinois specific requirements, which may differ from the NCEES standard. Here is the link to start the process: *https://ncees.org/ncees-services/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 1480.135 & 1480.140 of the Administrative Rules. Here is the link to take the TOEFL exam: *http://www.ets.org* **This exam is waived if you have a Post-Graduate Degree in Structural Engineering from an accredited U.S. University.**

EXAMINATION:

Pursuant to Section 1480.150 of the Administrative Rules, there are two examinations that are currently administered and accepted for the Structural Engineer profession:

- ♦ **For enrollment as an Structural Engineer Intern:** NCEES - FE Examination
- ♦ **For licensure as a Structural Engineer:** NCEES - 16-hour SE Examination

  (The SE I and SE II exams are accepted if both were taken prior to 2011)

EXPERIENCE:

Review Section 1480.130 of the Administrative Rules for acceptable experience requirements.

Structural Engineer License:

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

ENROLLMENT AS A STRUCTURAL ENGINEER 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 FE examination.

Upon successful passage of the FE 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 SEI certificate.

LICENSURE AS A STRUCTURAL ENGINEER

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

MINIMUM REQUIREMENTS:

- ♦ Education meeting one of the requirements as shown on page two.
- ♦ Successful passage of the FE examination and applicable SE examination.
- ♦ Required Structural Engineering experience based on your education.

APPLICATION INSTRUCTIONS

IMPORTANT:
This application is used by the Department for over 100 professions. Not all portions may apply. Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will assist you in accurately completing your application and eliminate any delay in processing. There are five steps to compete in order for your application to be reviewed.

Step I - Complete the **four-page Application for Licensure/Examination** using the below parts:

Part I - APPLICATION CATEGORY INFORMATION AND FEES.

Part I*A*. Select this **ONLY** if you are a current military service member/spouse.

Part I*B*. Use the chart below to complete **PART I*B* 1- 4** of the application to select your method of application. Use the rows to locate the exam or method of licensure you are applying for.

Profession Name: Structural Engineer Intern ***OR*** Structural Engineer	**Profession Code**	**Licensure Method**	**Fee**
Structural Engineer Intern	082	Acceptance of Examination	$50
Structural Engineer	081	Acceptance of Examination	$100
Structural Engineer	081	Endorsement of License	$100

Part II - 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 de-cree, 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.*

Part III - EDUCATION INFORMATION.
All applicants (except those submitting an NCEES Record) 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.

Part IV - RECORD OF LICENSURE INFORMATION.
Only applicants that currently hold an SEI/EI/EIT certificate or Structural/ PE practicing Structural Engineer license/registration in another U.S. jurisdiction must complete this section. **List ONLY the active SEI/EI/EIT certificate or license(s) you hold.**

Part V - 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. DO NOT LIST **FAILED** EXAMINATIONS, ONLY LIST EXAMINATION(S) YOU HAVE **PASSED.**

Part VI - 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.

PART VII – EXAM CODING INFORMATION.
All applicants SKIP this section.

Part VIII - CHILD SUPPORT AND TAX INFORMATION.
All applicants must complete this section by law.

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

Step II - APPLICATION FEE

♦ The **NON-REFUNDABLE** fee must be a check or money order in U.S. currency made payable to IDFPR.

Step III - COMPLETE THE APPLICATION CHECKLIST

♦ All applicants must complete the checklist and return with the application in order to process the application.

Step IV - MAIL APPLICATION

♦ Mail the application, fee, application checklist and any supporting documents to the address below.

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

Step V - QUESTIONS

♦ Before contacting the Department; please review our FAQ's (*http://www.idfpr.illinois.gov/About/FAQ.asp*) for answers to most questions. If not addressed in our FAQ's, please contact the Department at **800.560.6420** or email us at *FPR.DesignUnit@illinois.gov*

♦ Please allow four business weeks from applying before making an inquiry concerning its status.

REQUIRED SUPPORTING DOCUMENTS

OFFICIAL TRANSCRIPTS:

Applicants who graduated from a U.S. or Canadian University must submit official conferred degree transcripts for any degree you wish to claim. Have your University use their respective electronic service to send the transcript directly to the Department at: ***FPR.DesignUnit@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 submitted to the Department for Board review of your education.

For licensure: If you are currently enrolled as an Illinois Structural Engineer Intern, a BS transcript is not required for license application as you have met the educational requirement. Simply include a copy of your SEI certificate with your application.

EXAM CERTIFICATION:

Any exam not passed under the Illinois Jurisdiction requires an official state certification/verification from the state board where you took the exam through the MyNCEES system to the Illinois SE Board OR via email to ***FPR.DesignUnit@illinois.gov*** *Note: An NCEES score report is not acceptable.*

VE-SEG FORM - VERIFICATION OF EMPLOYMENT / EXPERIENCE:

Applicants who do not submit experience as part of an NCEES Record must complete this form. Acceptable experience may be found in Section 5 of the SE Act. All experience must be gained under the supervision of a licensed Structural Engineer (or PE practicing structural if outside Illinois).

Complete a separate form for each supervisor/place of employment and have the supervisor complete the form and email directly to ***FPR.DesignUnit@illinois.gov***

ENDORSEMENT APPLICANTS

LICENSE CERTIFICATION:

An official state certification/verification for proof of active licensure/registration in the current state/territory must be submitted through the NCEES system to the Illinois SE Board OR via email from the state board to: ***FPR.DesignUnit@illinois.gov***

EXPERIENCE REQUIREMENT:

If not submitting an NCEES Record, the Board allows for self-verification of land surveying experience under the applicant's own license. Complete the VE-SEG form as your own supervisor.

NCEES RECORD HOLDERS

- ♦ Applicants submitting an NCEES Record need only complete page 1 and 4 of the application.
- ♦ Applicants submitting an NCEES Record as supplemental documentation to the application are not required to submit exam or license certifications, official transcript(s) or complete the VE-SEG form as long as the information is included in the record.
- ♦ The Board may still require any of the above documents if clarification is needed for any reason.

APPLICATION CHECKLIST

APPLICANT NAME: _____

All applicants must complete this checklist and return with the completed application. Check only what applies to you.

ALL APPLICANTS TO REVIEW AND CHECK:

- ☐ A completed original application.
- ☐ An application fee, check or money order (payable to IDFPR) in U.S. currency.
- ☐ You have requested official transcripts for your conferred Baccalaureate degree and any other education you are claiming to be sent to the Department. (Not applicable for foreign educated applicants as this should be contained in your NCEES evaluation).
- ☐ You have requested your supervisor(s) to submit a Verification of Experience **(VE-SEG)** form for experience to be reviewed. This is required for any applicant not submitting an NCEES Record.
- ☐ You have requested a certification from the jurisdiction where the FE Exam was passed (N/A if passed in Illinois)
- ☐ You have requested a certification from the jurisdiction where the SE Exam was passed (N/A if passed in Illinois)
- ☐ You have requested a certification from the ***original*** state of licensure. (For Endorsement applicants)
- ☐ You have requested a certification from the ***current*** state of active practice. (For Endorsement applicants)
- ☐ You have requested an **NCEES** Record to be sent to the Illinois Board in lieu of transcripts, experience and certifications. Note: The **NCEES** Record transmittal fee is separate from the license application fee with IDFPR.

FOREIGN EDUCATED APPLICANTS TO REVIEW AND CHECK:

- ☐ You have requested an **NCEES** Credentials Evaluation to be sent to the Illinois SE Board. Required for all applicants whose BS degree was gained outside the U.S.
- ☐ You have requested your **TOEFL-iBT** examination results to be sent to the Department. (if applicable)

REQUEST TO USE POST-GRADUATE DEGREE AS EXPERIENCE:

Pursuant to Section 1480.130, I request that my U.S. Post-Graduate degree in Structural Engineering be used toward my overall experience requirement if able to do so by law. Note: Official Transcripts for said degree must be submitted.

_____ _____

Signature Date

IMPORTANT INFORMATION ONCE LICENSED

- ♦ You will receive an email from the Department with a link to download your license.
- ♦ All Structural Engineer licenses expire on November 30th of even-numbered years, regardless of issuance date.
- ♦ It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.
- ♦ We highly 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 other useful information regarding your profession.

You may access the manual here: *https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/forms/dpr/design-code-manual.pdf*

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and /or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.

B. **FEES ARE NOT REFUNDABLE.**

C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. **Check the box indicating the appropriate information regarding your application.** ☐ **Military** ☐ **Military Spouse** ☐ **Not Military** ☐ **Decline to Answer**
Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE **REFERENCE SHEET, CHART I, OR INSTRUCTIONS** PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
	___ ___ ___		$

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ 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. SSN OR ITIN
		__ __ __ – __ __ – __ __ __ __

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
	__ __ / __ __ / __ __ __ __ (Month / Day / Year)	____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

Home: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

12. **REQUIRED** E-MAIL ADDRESS

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

PART III: Education Information

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

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? ☐ Yes ☐ No Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ___ ___ / ___ ___ ___ ___ Month Year

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

1 2 3 4 5 6 7 8 Graduated? ☐ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	TYPE OF DEGREE EARNED
		Month/Year	Month/Year	

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	Did You Complete Training?
		Month/Year	Month/Year	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

NAME (Last, First, MI):

SSN OR ITIN:

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.)

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

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. *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.*		
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*		
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.*		
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.*		
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.*		
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.*		

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

PART VIII: Child Support, Tax Information and Workers' Compensation (Every applicant is required by law to respond to the following questions)

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? Yes ☐ No ☐
   (NOTE: If you are not subject to a child support order, answer "no.")

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."

   Are you delinquent in the filing of state taxes? Yes ☐ No ☐

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

   Are you delinquent in complying with workers' compensation obligations? Yes ☐ No ☐

PART IX: 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. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

Signature of Applicant

Date

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

SUPPORTING DOCUMENT

VE-SEG

APPLICANT INFORMATION:

1. NAME LAST FIRST MIDDLE

2. LAST FOUR DIGITS OF YOUR SSN OR ITIN

DEPARTMENT USE ONLY

REQUIREMENTS AND INSTRUCTIONS:

Applicants who do not submit experience as part of an NCEES Record must complete this form. For experience to be accepted, the supervisor must be licensed as a Structural Engineer (or PE practicing structural), pursuant to Section 5 of the SE 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 application for review by the Board.
Email to: ***FPR.DesignUnit@illinois.gov***

SUPERVISOR INFORMATION:

A. SUPERVISOR NAME

B. EMPLOYER'S NAME (AT TIME OF SUPERVISON)

C. REGISTRATION PROFESSION

Structural Engineer - *Check only if state has a separate and distinct Structural Engineer License*

Professional Engineer

D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISON)
STREET, CITY, STATE, ZIP CODE

E. SUPERVISOR'S LICENSURE DATA

STATE(S) OF LICENSURE	LICENSE NO.	MO/YR INITIALLY LICENSED

F. SUPERVISOR CONTACT INFORMATION

Phone ( )

EMAIL _____

EMPLOYMENT / EXPERIENCE INFORMATION:

1. APPLICANT EMPLOYMENT INFORMATION DURING YOUR SUPERVISION.

A. TYPE OF EMPLOYMENT	B. TOTAL TIME EMPLOYED	C. DATES OF EMPLOYMENT (Use exact dates, not "present")
Full-time Part-time	Years Months	From To

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

NO YES (explain below if yes)

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

3. DESCRIPTION OF STRUCTURAL ENGINEERING PROJECTS.
Describe in detail, describe the types of structural engineering projects on which the applicant worked.
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 structural engineering principles.

Please keep in mind when you are completing this form that an applicant's acceptable experience is evaluated from information furnished entirely from you. For this reason, it is important that the Board be able to make a clear determination on the applicant's role for each project listed and the type of work they performed under your supervision.

Note: if the project(s) in question include both non-structural and structural experience, only list the structural aspects and specify the time accordingly.

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

1) Name, location, and type of project (building, bridge, other)
2) Applicant role in the design of the project
3) Name of Engineer 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