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 - PNG

APPLICANT INFORMATION:	
1. NAME LAST FIRST MIDDLE	DEPARTMENT USE ONLY
2. SOCIAL SECURITY NUMBER	
REQUIREMENTS AND INSTRUCTIONS:	
For experience to be accepted, the supervisor must be licensed as a Professional Engineer or an individual who is legally practicing	
professional engineering, pursuant to Section 3 (e) of the PE Act; who is in direct control and supervision of the applicant.	
Applicant: Complete the top portion of the form then forward to your supervisor to complete the remainder of it. Applicants applying for Endorsement without an NCEES Record may self-verify their experience as the supervisor from the date of initial licensure.	
Supervisor: Complete the remainder of the form and email it directly to the Department at the address below in order for it to be	
associated with the applicant's application for review by the Board. Email to: FPR.DesignUnit@ILLINOIS.GOV	
A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISON)
C. SUPERVISOR LICENSE INFORMATION	D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISON)
APPLICABLE STATE(S) MO/YR INITIALLY LICENSE	STREET, CITY, STATE, ZIP CODE
OF LICENSURE LICENSED NUMBER	
	-
	E. SUPERVISOR CONTACT INFORMATION
	Phone ()
·	Email
EMPLOYMENT / EXPERIENCE INFORMATION:	
1. APPLICANT EMPLOYMENT INFORMATION DURING YOUR SUPERVISION.	
A. TYPE OF EMPLOYMENT B. TOTAL TIME EMPLOY	ED C. DATES OF EMPLOYMENT (Use exact dates, not "present")
Full-time Part-timeYearsMonth	From / / To / // Month Day Year Month Day Year
2. PRIMARY RESPONSIBILITY REQUIREMENT. Of the total required experience, at least two (2) years must be in primary responsibility for professional (non-structural) engineering activities. Primary Responsibility means 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.	
Note: Please be mindful when specifying the number of months in Primary Responsibility.	
Number of Months in Primary Responsibility under your supervision: (If no experience was in Primary Responsibility, please indicate with a zero)	
3. IN YOUR PROFESSIONAL OPINION, IS THERE ANYTHING THAT WOULD CAUSE YOU TO BELIEVE THE APPLICANT SHOULD MOT BE LICENSED IN ILLINOIS AS A PROFESSIONAL ENGINEER AT THIS TIME?	
NO YES (explain below if yes)	

4. DESCRIPTION OF PROFESSIONAL (NON-STRUCTURAL) ENGINEERING PROJECTS.

Describe in detail, the types of professional engineering projects on which the applicant worked.

Acceptable experience shall be within the definition of the practice as set forth in Section 4 (o) of the Act and shall require the application of technical knowledge and professional (non-structural) engineering principles.

Please keep in mind when you are completing this form that an applicant's acceptable experience is evaluated from information furnished <u>entirely</u> 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 non-structural aspects and specify the time accordingly.

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

1) Name of project & location of project

- 2) Type of project
- 3) Materials used in the project
- 4) Applicant role in the design of the project
- 5) 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