

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 - - - - -
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; margin-right: 50px;"> _____ Profession Name </div> <div style="text-align: right;"> ____ ____ ____ Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER Area Code (____) - - - -	

8. COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR REQUEST, INDICATE ALL PROFESSIONS FOR WHICH A CERTIFICATION IS BEING REQUESTED.

✓	PROFESSION	LICENSE NUMBER	ISSUANCE DATE
✓	Engineer Intern		
	Professional Engineer		
	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) <ul style="list-style-type: none"> <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"/> Reciprocity with (State) _____ |
| <input type="checkbox"/> Acceptance of Examination Results (Administered in Another 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.) |

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 NCEES Structural II State Constructed Structural Examination			

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.

SEAL

Print Name

Title

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code ()

Telephone Number