



**PROFESSIONAL DESIGN FIRM:
REQUEST FOR CHANGE OF SERVICES**

GENERAL INFORMATION:

- Do NOT use this form to apply for an INITIAL Professional Design Firm Registration.
- Do NOT use this form to change a managing agent for your Firm.
- A valid Business Email Address is required for renewal and department notice purposes.
- All supporting documents must be submitted at the same time as your fully completed form.
- An individual may be a Managing Agent for only ONE firm at a given time.
- **It is a violation of each Design Profession Act to solicit or provide services if the firm is not authorized to offer that type of work.**
- Each registered Professional Design Firm must be authorized by this Department to provide specific types of work in Illinois, namely **architecture, professional engineering, structural engineering and/or land surveying**.
- Once your request has been completed, your Firm will receive an email from the Department with instructions on how to download your new Design Firm Registration.
- Please contact the Department at **800.560.6420** for assistance.
- Email the change of service form and applicable support documents/forms to FPR.DesignUnit@illinois.gov and enter CHANGE OF SERVICE REQUEST in the email subject line.

To add additional professional services to your Firm, complete the following:

1. Complete numbers 1 through 5 and 7 through 10 of the Change of Services Form.
 2. Submit a copy of the filed (accepted) articles of amendment form from the Illinois Secretary of State's office showing the amended purpose clause language as shown below.
 3. A PDF-BR Board Resolution form must be submitted for each Managing Agent that is being appointed. If adding Architecture, that individual must be a Director/Member/Partner of the firm and the firm must meet the 2/3rds requirements of the Act and submit a listing of the Directors/Members/Partners and their active license number (either in Illinois or in another jurisdiction) of each individual.
- ◆ If adding Architecture, the Firm must provide a list of any Illinois office locations at which the Firm provides architectural services. In addition, the Firm must have a **resident architect** overseeing the architectural practices in **each Illinois office location** in which architectural services are provided. The Firm must list all Assumed Names to be used in Illinois by the business.
 - ◆ If adding Land Surveying, the Firm must provide a list of any Illinois office locations at which the Firm provides land surveying services. In addition, the Firm must have an Illinois licensed **resident land surveyor** overseeing the land surveying activities in **each Illinois office location** in which land surveying services are provided.

To remove professional services from your Firm, complete the following:

1. Complete numbers 1 through 6 of the Change of Services Form.
2. Submit a screenshot copy of your Firm's website services page showing that you are no longer offering said profession services in Illinois. This can be accomplished by adding a disclaimer, "(profession) services are not currently offered in Illinois".

SAMPLE PURPOSE CLAUSE LANGUAGE.

1. To practice Architecture, pursuant to the Illinois Architecture Practice Act.
2. To practice Land Surveying, pursuant to the Illinois Land Surveying Practice Act.
3. To practice Professional Engineering, pursuant to the Illinois Professional Engineering Practice Act.
4. To practice Structural Engineering, pursuant to the Illinois Structural Engineering Practice Act.



IDFPR

Illinois Department of
Financial and Professional Regulation

Division of Professional Regulation

PROFESSIONAL DESIGN FIRM: REQUEST FOR CHANGE OF SERVICES

1. PROFESSIONAL DESIGN FIRM NAME	2. FIRM LICENSE NUMBER XXX-XXXXXX
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3. FIRM E-MAIL ADDRESS (required)	4. FIRM TELEPHONE NUMBER
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5. EXPLAIN THE REASON FOR THE CHANGE IN SERVICES OFFERED

6. IF REMOVING SERVICES, CHECK PROFESSION(S) TO BE REMOVED BELOW

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARCHITECTURE	LAND SURVEYING	PROFESSIONAL ENGINEERING	STRUCTURAL ENGINEERING

COMPLETE THE FOLLOWING ONLY IF ADDING SERVICES

7. CHECK PROFESSION(S) TO BE ADDED BELOW

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARCHITECTURE	LAND SURVEYING	PROFESSIONAL ENGINEERING	STRUCTURAL ENGINEERING

8. MANAGING AGENT NAME AS IT APPEARS ON LICENSE	9. LICENSE NUMBER OF NEW MANAGING AGENT XXX-XXXXXX
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10. AFFIDAVIT FROM FIRM REPRESENTATIVE

I declare that I have examined the application and all requirements in connection therewith and to the best of my knowledge, they are true, correct, and complete.

Signature

Date

IDFPR STAMP USE ONLY: