

ID# _____

For IDPH Use Only

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, IL 62761

APPLICATION FOR ASBESTOS PROFESSIONAL LICENSE

Please check the type of License(s) applied for:

_____ Project Supervisor **\$75.00** _____ Air Sampling Professional **\$50.00** _____ Inspector **\$50.00**
_____ Management Planner **\$50.00** _____ Project Designer **\$50.00** _____ Project Manager **\$50.00**

MAKE CHECK OR MONEY ORDER PAYABLE TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Please Type or Print

APPLICANT NAME _____ / _____ / _____
(First) (MI) (Last)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME TELEPHONE _____ / _____

COUNTY _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____

EDUCATION OF APPLICANT
(CIRCLE HIGHEST GRADE COMPLETED)

HIGH SCHOOL 1234
COLLEGE 1234

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your social security number as part of the license application. Failure to provide your social security number shall result in the denial of your license application.

EMPLOYER NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

TELEPHONE _____ / _____ FAX _____ / _____ MAJOR BUSINESS ACTIVITY _____

It is required by law (5ILCS/100/10-65) that all applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay in issuing your license. Making a false statement may place you in contempt of court. **Check only one box**

- _____ **I am not** more than 30 days delinquent in complying with a child support order; **OR**
- _____ **I am** more than 30 days delinquent in complying with a child support order; **OR**
- _____ **This statement does not apply.**

I hereby certify that the information submitted is true and valid and I understand that the Illinois Department of Public Health may deny, revoke or suspend my application for a Professional License for knowingly making false or fraudulent claims.

ASBESTOS COURSES COMPLETED

COURSE TITLE	IDPH TC PROVIDER NAME	DATES COMPLETED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBMIT TWO 1" X 1" PHOTOGRAPHS OF THE APPLICANT

(head and shoulders only). The license will not be issued without the photograph.

SIGNATURE OF APPLICANT _____ DATE _____

The **Public Information Disclosure** form accompanying this application must be completed and returned to this office to allow the Department to release your contact information. **ONLY** those asbestos professionals who complete this form and return it to this office will be included in Department lists. The **Public Information Disclosure** form is incorporated into all license applications and training course provider approval applications to address the release of contact information to the general public.

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1325. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL, REVOCATION OR SUSPENSION OF THE APPLICANT'S LICENSE. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

