LEAD-CONTRACTOR ID# ____________

For IDPH Use

CONTRACTOR APPLICATION - LEAD ABATEMENT PROGRAM

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET, 3RD FLOOR
SPRINGFIELD, ILLINOIS 62761

$500 License Fee must accompany this application

BUSINESS NAME

CONTACT PERSON

BUSINESS ADDRESS (Street)

CITY ____________ COUNTY ____________ STATE ____________ ZIP ____________

BUSINESS TELEPHONE ____________________________ FAX # ____________________________

TYPE OF OWNERSHIP (Check)

______Sole Proprietorship _____Corporation _____Trust _____Partnership

_____Association ____________________________ Other (Specify)

Officers Name    Title    Address

1. __________________    __________________    __________________

2. __________________    __________________    __________________

SUPERVISOR:

Designated Supervisor    License # or SS#    Address

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 Lead Contractor License for knowingly making false or fraudulent claims.

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 lead abatement contractors 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.

A current certificate of insurance must be on file with the Department at all times. An insurance company authorized to transact business in Illinois shall issue the certificate of insurance. All Notices of Commencement Lead Abatement/Mitigation Project must be submitted 10 working days or 14 calendar days prior to commencement of project start date.

__________________________    ____________________________
(Particulars) APPLICANT NAME    SIGNATURE OF APPLICANT DATE

IMPORTANT NOTICE

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Law PA 87-175. Disclosure of this information is mandatory. Failure to provide any information could result in denial of the Contractor License.

IL 482-0906 12/27/04