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 #		
	ck) le Proprietorship ociation			
Officers Name 1 2	Title	Address		
SUPERVISOR:				
Designated Supervisor	License # or SS	# Address		
I hereby certify that the information subrassepend my application for a Lead Control The <i>Public Information Disclosure</i> for release your contact information. ONI Department lists. The <i>Public Information</i> applications to address the release of control to the public information of the release of control to the public information of the release of control to the public information of the release of control to the public information of the release of control to the release of the rel	actor License for knowingly morm accompanying this applica \underline{X} those lead abatement contration $\underline{Disclosure}$ form is inc	aking false or fraudulent ation must be completed actors who complete this corporated into all licens	claims. and returned to some form and retur	o this office to allow the Department to curn it to this office will be included in
A current certificate of insurance mu in Illinois shall issue the certificate 10 working days or 14 calendar days	of insurance. All <u>Notices of</u>	<u>f Commencement Lea</u>		
(Print or Type) APPLICANT NAME		is necessary to under Public La	IMPORTANT This State Agency is requesting disclosure o is necessary to accomplish the statutory pu under Public Law PA 87-175. Disclosure o is mandatory. Failure to provide any inform	
SIGNATURE OF APPLICANT	DATE	in denial of the		

IL 482-0906