

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PLUMBING CONTRACTOR  
APPLICATION FOR REGISTRATION OR RENEWAL**

*Please print legibly or type:*

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ FEIN OR SSN (#) \_\_\_\_\_  
*(Required)*

**Facility Mailing Address (if different from above)**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

**Confirmation of Employees** (*One selection must be marked*)

Yes  No Do you have any employees (clerical, janitorial, plumbers, etc.) beside yourself? **If yes**, you are required to have \$500,000 Workers' Compensation coverage on your Certificate of Insurance. **If no**, you must complete the enclosed Affidavit of No Employees.

**Type of Ownership** (*One selection must be marked.*)

**Sole Proprietorship** (Sole owner must be a licensed plumber.)

**Partnership** (One of the partners must be a licensed plumber.)  
List names, addresses and telephone numbers of **each** general partner.

\_\_\_\_\_  
\_\_\_\_\_

**Corporation/Limited Liability Company (LLC)**

List the exact full name of the Corporation or Limited Liability Company as on file with the Secretary of State.

\_\_\_\_\_  
List name, address and telephone number of the Corporation or Limited Liability Company's **registered agent**.

\_\_\_\_\_  
\_\_\_\_\_

**Complete The Following Information for the Licensed Plumber of Record:** (The Plumber of Record **must** be the sole owner if sole proprietor, a partner if partnership, an officer if a corporation, or a manager/member if LLC.)

Name of Plumber \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

Plumbing License ID # \_\_\_\_\_ Plumbing License Expiration Date: \_\_\_\_\_

\*\*\* \_\_\_\_\_ Date \_\_\_\_\_

**ORIGINAL SIGNATURE OF PLUMBER OF RECORD**

*This box for Department use only*		
<b>GL:</b>	<b>WC:</b>	WC N/A: <input type="checkbox"/>
<b>S:</b> 09/30/2011 <input type="checkbox"/>	√ 056's: Y <input type="checkbox"/> N <input type="checkbox"/>	
<input type="checkbox"/> Articles/Part. Agree.	<input type="checkbox"/> CEU's	<input type="checkbox"/> Aff <input type="checkbox"/> Opt <input type="checkbox"/> W/C
Date Appl. Approved: _____		

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**APPLICATION INSTRUCTIONS AND REQUIRED ATTACHMENTS LISTED ON REVERSE SIDE**

**Section 894.20 of the Plumbing Contractor Registration Code (77 Ill. Adm. Code 894) requires registration applicants to attach the following information to this application:**

- A legible copy of the valid plumbing license for the individual listed as Plumber of Record. This license must be valid for at least 60 days after registration is issued. *If the plumber's license is issued by the city of Chicago, it is the responsibility of the applicant to forward a copy of the plumber's license to the Department, noting the name of the registered contractor, within 15 days after the Chicago license is renewed.*
  - If this is a new Corporation, also attach a copy of the **Articles of Incorporation** from the Illinois Secretary of State and meeting minutes showing officers elected.
  - If this is a new Limited Liability Company also attach a copy of the **Articles of Organization** from the Illinois Secretary of State and meeting minutes showing members/managers.
  - If this is a Partnership, and one of the partners is an apprentice plumber, also attach a copy of the notarized **Partnership Agreement**.
  - If this is a foreign (out-of-state) corporation, you must submit a filed copy of the **Authority to Transact Business in Illinois**.
- Chicago licensed plumbers must provide proof of four hours in an approved Continuing Education Course taken AFTER October 1, 2010.
- \$100 annual **registration fee** (*Registration fees are **non-refundable**.*)
- **Certificate of Insurance** - Per occurrence: \$100,000 general liability, \$300,000 bodily injury, \$50,000 property damage, and \$500,000 workers compensation. Plumbing Contractors with no employees may elect to be exempt from workers compensation (*see the Affidavit of No Employees and Opt-Out form*). **The certificate must name the Illinois Department of Public Health, Plumbing Program, 535 W. Jefferson St., Springfield, IL 62761, as certificate holder.** The Department will **not** accept binders or continuous certificates. Each applicant or registered plumbing contractor, or his or her designated insurance representative, shall provide the Department with the required Certificate of Insurance and notify the Department in writing of any cancellations, material alterations or expiration at least 30 days prior to any such cancellation, alteration or expiration. **Certificate must be good for at least 60 days after registration is issued and must be in force at all times for registration to remain valid.** *Failure to present a renewed certificate of insurance to the Department before the expiration of the one on file will cause your registration to be suspended.* Being suspended will cause your apprentice(s) to lose time until the certificate is brought up to date. **The name on the certificate must exactly match the name of the business on the application.**
- A **surety/indemnification bond** in the amount of \$20,000 or a letter of credit in the same amount, for work performed in accordance with this act naming the Department as beneficiary. Surety Bond must be on the form provided by the Department, must expire **September 30, 2012**, and **cannot** be a continuous bond. Front and back of form must be completed. Signatures must be original. **Name of principal must exactly match the name of the business on the application.** Cross-outs and white-outs are not accepted. Riders are not accepted.
- The Department WILL NOT allow a plumber to be the Plumber of Record for more than one company at one time.

The Department must be notified within **15 days** of any changes in the business structure, name, or location, or of the addition or deletion of the owner or officer who is the licensed plumber listed on this application. Failure to notify the Department of this information is grounds for suspension or revocation of the plumbing contractor's registration. This contractor registration will expire on September 30, 2012. Registrations are non-transferable for changes in ownership. The new owner(s) must reapply.

**RETURN APPLICATION WITH ALL ATTACHMENTS TO:**

Illinois Department of Public Health  
Plumbing Program  
525 W. Jefferson St, 3<sup>rd</sup> Floor  
Springfield, IL 62761  
Telephone 217-524-0791 - Fax 217-524-5868  
TTY (hearing impaired use only) 800-547-0466