



**Attach Recent
1" x 1"
Head and
Shoulders
Photograph
of Applicant**

OFFICIAL USE ONLY	
Months Accumulated	_____
Approved	_____
Disapproved	_____
By	_____
Date	_____

Application for Examination for Certification of Plumbing Inspectors

(due 30 days prior to date of examination)

Print legibly or type

Last Name	First Name	Middle Name
Home Street Address		City
State	ZIP Code	County
Work Phone		Home Phone
Date of Birth	Place of Birth (geographic location of birth)	
United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", date eligible for citizenship is _____	
High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", applicant must submit documented evidence of completion of a two-year course of study in a high school or an equivalent course of study.	
<p>Applicant's state of Illinois plumber's license number is 058- _____.</p> <p style="text-align: center;">— or —</p> <p>Applicant's City of Chicago plumber's license number is J _____.</p> <p>If you are a City of Chicago licensed plumber you must provide the date you were first licensed as a plumber _____.</p> <p style="text-align: center;">YOU MUST ATTACH A COPY OF YOUR PLUMBER'S LICENSE TO THIS APPLICATION.</p>		

Application Continued on Opposite Side

Important Notice

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Plumbing License Law, 225 ILCS 320. Disclosure of this information is mandatory. Failure to provide any information could result in denial of the contractor license. This form has been approved by the Forms Management Center.



Application for Examination for Certification of Plumbing Inspectors

NOTE: (Section 750.710 b) of the “Plumber’s Licensing Code” requires an applicant to have been an Illinois licensed plumber for **at least seven years preceding the date of this application**. It is up to the applicant to make sure he/she meets this requirement.

List the seven or more years that you have been employed as a licensed plumber. Include the complete name and address of the entity (for example, government agency, business, etc.) you were employed as a plumbing inspector.

20____	
20____	
20____	
20____	
20____	
20____	
20____	
20____	

(Signature of Applicant)

(Date Signed)

FEES ARE NON-REFUNDABLE

Application Fee for Illinois Certification of Plumbing Inspectors: \$175

Returned Check Fee: \$100

DO NOT SEND CASH. Attach a check or money order, payable to the Illinois Department of Public Health.

COPIES OF LICENSES: YOU MUST ATTACH A COPY OF YOUR CURRENT VALID PLUMBERS LICENSE.

RETURN APPLICATION WITH ALL ATTACHMENTS TO:

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