

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH PROTECTION  
PLUMBING PROGRAM  
525 W. Jefferson St, 3<sup>rd</sup> Floor  
SPRINGFIELD, IL 62761**

**ATTACH RECENT  
1" X 1"  
HEAD AND SHOULDERS  
PHOTOGRAPH  
OF APPLICANT**

**FOR OFFICIAL USE  
Years Accumulated  
Approved  
Disapproved  
By  
Date**

<b><u>APPLICATION FOR EXAMINATION FOR CERTIFICATION OF PLUMBING INSPECTORS</u></b> <b>(due 30 days prior to date of examination)</b>		
Last Name	First Name	Middle Name
Street Address		City
State	ZIP Code	County
Telephone - Office _____ (Area Code)		
Home _____ (Area Code)		
Date of Birth	Place of Birth _____ (geographic location of birth)	
United States Citizen  ____ Yes    ____ No	If "no", date eligible for citizenship is _____	
High School Graduate  ____ Yes    ____ 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 PL_____.</p> <p>If you are a City of Chicago licensed plumber you must provide the date you were first licensed as a plumber _____.</p>		
<b>YOU MUST ATTACH A COPY OF YOUR PLUMBER'S LICENSE TO THIS APPLICATION.</b>		

**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:**

**APPLICATION FEE FOR ILLINOIS CERTIFICATION OF PLUMBING INSPECTORS IS \$100.00. ALL FEES ARE NON-REFUNDABLE.**

**COPIES OF LICENSES:**

**YOU MUST ATTACH A COPY OF YOUR CURRENT VALID PLUMBERS LICENSE.**

**DO NOT SEND CASH!**

**Attach a check or money order, payable to the Illinois Department of Public Health.**