

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

**NOTICE OF CANCELLATION OF EMPLOYMENT/SUPERVISION OF
APPRENTICE PLUMBER**

As of _____, _____
(date of termination of sponsorship) (name of apprentice plumber)

(current home address of apprentice plumber, street address, city, state and zip)

who has Illinois apprentice plumber license number 056-_____
is no longer sponsored by the undersigned.

***** The office copy AND laminated wallet license for this apprentice plumber MUST accompany this cancellation notice OR a notarized letter stating why either or both are not retrievable.***

Name of licensed plumber sponsor _____

Address of licensed plumber sponsor _____

City/State/ZIP Code _____

Illinois plumbing license number _____

(date signed)

(signature of sponsor)

This notice will not be considered complete unless the office copy of the apprentice license is received by the Department attached.

Per Section 750.900 (b)(7) of the Illinois Plumbing License Code this completed notice must be received by the Department within 15 days of termination of sponsorship. Failure to submit within 15 days is a violation of the Code and subject to revocation, suspension or denial of the sponsors plumbing license.