

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IRRIGATION CONTRACTOR
APPLICATION FOR REGISTRATION**

Please print legibly or type:

Business Name		FEIN #	
Street Address		City	
State	ZIP Code	County	
Last Name (Owner or Representative)	First Name	Middle Name	
Is Irrigation Contractor a: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			
If a Corporation, Provide Name and Address of Registered Agent:			
Height ____ Ft ____ In	Weight Lbs.	Applicant's Social Security Number or Immigrant Visa Number	
Date Of Birth	Work Phone	Home Phone	Fax Number

It is required by law that every company has licensed plumbers, employed by a State of Illinois Registered Plumbing Contractor, on staff or by contract. Provide the names and license numbers for each of these licensed plumbers. (You must also attach to this application, copies of BOTH their plumber's licenses and the Plumbing Contractors Registration (055-license #) for all listed plumbers.

<u>Name of Plumber</u> (attach copy of all licenses)	- and -	<u>ID Number of Plumber's Employer (Plumbing Contractor)</u> (attach copy of all Plumbing Contractor Registrations)
1.		
2.		
3.		
4.		
5.		
6.		

Date Signed	Applicant Signature
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Number of Employees Authorized to Install or Supervise the Installation of Lawn Sprinkler Systems

(Check Appropriate Box) Please note the appropriate number of plumbers required for the number of employees you will have.

0-7 <input type="checkbox"/> (\$300)	8-12 <input type="checkbox"/> (\$600)	13-20 <input type="checkbox"/> (\$900)	21-28 <input type="checkbox"/> (\$1200)	29-35 <input type="checkbox"/> (\$1500)	36 or more <input type="checkbox"/> (\$1500)
1 Plumber Required	2 Plumbers Required	3 Plumbers Required	4 Plumbers Required	5 Plumbers Required	6 Plumbers Required

APPLICATION FEES ARE NONREFUNDABLE

All Registrations expire on February 28 following the date of issuance.

Return to: Illinois Department of Public Health Office of Health Protection Plumbing Program 525 W. Jefferson St, 3 rd Floor. Springfield, IL 62761 Telephone 217-524-0791 TTY (hearing impaired use ONLY) 800-547-0466	*OFFICIAL USE ONLY* _____ Registration Number _____ Date First Registered
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