

ILLINOIS DEPARTMENT OF PUBLIC HEALTH IRRIGATION EMPLOYEE APPLICATION FOR REGISTRATION

PLEASE PRINT LEGIBLY OR TYPE:

Last Name	First	Middle
Street Address		City
State	ZIP Code	County
Work Phone ()		Home Phone ()
Date of Birth <i>MM/DD/YY</i>	Height (<i>Feet/Inches</i>)	Weight(<i>Pounds</i>)
I am <u>employed</u> by:		Employer's Mailing Address
City	State	ZIP Code
		County

My employer's Irrigation Contractor Registration number is (*starts with 60- , ends with -01*)

SIGNATURES MUST BE ORIGINAL (*PHOTOCOPIES OR SIGNATURE STAMPS ARE NOT ALLOWED*)

CHILD SUPPORT CERTIFICATION (*for employee to complete*)

By law, (5ILCS 100/10-65 (C)), all applicants, regardless of whether they have children or not, must certify whether they are or are not delinquent in the payment of child support. If this is not completed, your application will be returned to you for further information.

Please check one statement below:

- Does not apply to me.**
- I am more than 30 days delinquent in complying with a child support order.**
- I am in compliance with a child support order.**

I understand that if I refuse to complete this certification or if I provide false/ fraudulent information, I could lose my license, be fined or have other penalties assessed. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

EMPLOYEE SIGNATURE _____ DATE SIGNED _____

EMPLOYEE SOCIAL SECURITY NUMBER _____
(Or Immigrant Visa Number)

OWNER SIGNATURE _____ DATE SIGNED _____

NOTE: It is your responsibility to be sure that this application is filled out accurately.

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, 3rd Floor
Springfield, IL 62761
Telephone (217) 524-0791
TTY (hearing impaired use **only**) 800-547-0466

OFFICIAL USE ONLY

Registration Number _____

Date First Registered _____