

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

ATTACH RECENT
1" x 1"
 HEAD AND SHOULDERS
 PHOTOGRAPH
 OF APPLICANT

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

Application for Examination for Plumber's License (due 30 days prior to date of examination)		
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", date eligible for citizenship is _____ If "no", applicant must submit a signed and sealed N-300 or N-400 from the Dept. of Homeland Security.	
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.	
Applicant's state of Illinois apprentice plumber's license number is 056-_____		

NOTE: (225 ILCS 320/10), SECTION 10 (d) requires an applicant to have been employed as an Illinois licensed apprentice plumber under supervision in accordance with this Act for **at least four years preceding the date of this application.** **It is up to the applicant to make sure he/she meets this requirement. Application fees are NOT refundable!** List the four or more years of employment that you have worked as a licensed apprentice plumber. Include the complete name and address of firm. Fill this out to the best of your knowledge. **Please do not call IDPH for this information.**

YEAR _____	
YEAR _____	
YEAR _____	
YEAR _____	

TO BE COMPLETED BY OUT-OF-STATE APPLICANTS ONLY

I am a licensed plumber. <input type="checkbox"/> Yes <input type="checkbox"/> No	License issued by (name of licensing agency)	
	Street address	
	City, state and ZIP code	
A copy of my current license is attached. I completed _____ years as a licensed/registered apprentice plumber. My apprentice license/registration was issued by	License issued by (name of licensing agency)	
	Street address	
	City, State & Zip Code	
Licensed by exam <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of exam	Address/Site of exam

*****You must submit a letter from the licensing entity that states the exact time period that you have been licensed.*****

THIS SECTION TO BE COMPLETED BY IN-STATE APPLICANTS (ILLINOIS OR CHICAGO) ONLY

I have successfully completed a course of instruction in plumbing that was under the auspices of the U.S. Department of Labor's Bureau of Apprenticeship and Training. Yes No - If "yes," attach a copy of certificate of completion.

I have been supervised by the following licensed plumbers (list name and identification number of licensed plumbers/agents):

1.	
2.	
3.	

I have served approximately _____ hours in the plumbing trade under the sponsorship and supervision of the above licensed plumbers.

(Signature of Applicant)

(Social Security # of Applicant)

(Date Signed)

FEES (ALL FEES ARE NON-REFUNDABLE)

APPLICATION FEE FOR ILLINOIS LICENSED APPRENTICE PLUMBER IS \$100.00 (EFFECTIVE 7-30-92)

APPLICATION FEE FOR PLUMBERS REGISTERED OR LICENSED IN CHICAGO OR OUTSIDE THE STATE OF ILLINOIS IS \$125.00 (EFFECTIVE 7-30-92)

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