



|                            |       |
|----------------------------|-------|
| <b>*OFFICIAL USE ONLY*</b> |       |
| Months Accumulated         | _____ |
| Approved                   | _____ |
| Disapproved                | _____ |
| By                         | _____ |
| Date                       | _____ |

## Application for Examination for Plumber's License

(due 30 days prior to date of examination)

Print legibly or type

|   |  |             |
|---|--|-------------|
| Last Name   | First Name   | Middle Name |
| Home Street Address   |  | City        |
| State   | ZIP Code   | County      |
| Work Phone  |  | Home Phone  |
| Date of Birth   | Place of Birth (geographic location of birth)  |             |
| United States Citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If "no", date eligible for citizenship is _____<br>If "no", applicant must submit a signed and sealed N-300 or N-400 from the Department of Homeland Security. |             |
| High School Graduate<br><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- _____   |  |             |
| <p><b>NOTE:</b> (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 <b>at least four years preceding the date of this application</b>. <b>It is up to the applicant to make sure he/she meets this requirement. Application fees are NOT refundable.</b></p> <p>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. <b>Do not call IDPH for this information.</b></p> |  |             |
| YEAR _____  |  |             |
| YEAR _____  |  |             |
| YEAR _____  |  |             |
| YEAR _____  |  |             |

**Attach Recent  
1" x 1"  
Head and  
Shoulders  
Photograph  
of Applicant**

**Application Continued on Opposite Side**

**Important Notice**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Plumbing License Law, 225 ILCS 320. Disclosure of this information is mandatory. Failure to provide any information could result in denial of the contractor license. This form has been approved by the Forms Management Center.



## Application for Examination for Plumber's License

### TO BE COMPLETED BY OUT-OF-STATE APPLICANTS ONLY

|  |  |                      |
|--|--|----------------------|
| I am a licensed plumber.<br><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<br><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 ARE NON-REFUNDABLE

**Application Fee for Illinois Licensed Apprentice Plumber: \$175**

**Application Fee for Plumbers Registered or Licensed in Chicago or Outside the State of Illinois: \$225**

**Returned Check Fee: \$100**

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

#### RETURN APPLICATION WITH ALL ATTACHMENTS TO:

Illinois Department of Public Health  
Plumbing Program  
525 W. Jefferson St., 3rd Floor  
Springfield, IL 62761  
Telephone 217-524-0791 - Fax 217-524-5868  
TTY (hearing impaired use only) 800-547-0466