

STATE OF 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

**JOINT APPRENTICESHIP COMMITTEE
APPLICATION FOR REGISTRATION AS A PLUMBER'S APPRENTICE UNDER AN
APPRENTICESHIP TRAINING PROGRAM APPROVED BY U.S. DEPARTMENT OF LABOR**

(NAME OF APPRENTICESHIP PROGRAM)

(COMPLETE ADDRESS)

(ZIP CODE)

TELEPHONE _____
(AREA CODE)

APPRENTICESHIP COMMITTEE (* INDICATES CHAIRMAN)

<u>NAME</u>	<u>REPRESENTING</u>	<u>ADDRESS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

_____ CONTINUED ON REVERSE SIDE

_____ SEE ATTACHMENT

APPLICANT

(LAST NAME)

(FIRST NAME)

(MIDDLE NAME)

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

(COUNTY)

TELEPHONE #'S _____ / _____

(HOME)

(WORK)

(PLACE OF BIRTH)

(DATE OF BIRTH)

(HEIGHT)

(WEIGHT)

(APPLICANT'S SOCIAL SECURITY NUMBER)

I ATTENDED _____ FROM _____ TO _____
(NAME OF HIGH SCHOOL)

(COMPLETE ADDRESS OF HIGH SCHOOL)

I GRADUATED FROM HIGH SCHOOL _____ YES _____ NO (CHECK APPROPRIATE SPACE)

GENERAL INFORMATION

1. No person shall engage in plumbing as a plumber's apprentice unless he or she possesses a valid apprentice plumber's license issued by the Illinois Department of Public Health.
2. An apprentice plumber's license expires on April 30 following the date of issuance. A license may be renewed for a period of one (1) year to last from May 1 until April 30 the following year. The license may be renewed by submitting the application provided by the Department and payment of the required annual license fee.
3. Fee for apprentice plumber's license is **\$50.00**. DO NOT SEND CASH. Check or money order must be payable to the Illinois Department of Public Health.
4. Any change in the information contained in this application or change of status between the apprenticeship committee and this applicant shall be promptly reported in writing to the Illinois Department of Public Health.

ATTENTION!!!

In order to process this application, you **MUST** attach two (2) recent head and shoulder photos of applicant in this space. One (1) photo is required if change of sponsor.

ALL LICENSES EXPIRE APRIL 30 FOLLOWING THE DATE OF ISSUE.

FEE SCHEDULE

ALL APPRENTICE APPLICATION FEES ARE \$50.00.
ALL CHANGE OF SPONSOR FEES ARE \$50.00.

SIGNATURE OF APPLICANT

SIGNATURE OF CHAIRMAN - JAC

DATE SIGNED

5003/JAC (8/94)
IL 482-0142

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