

I.D. # _____

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

RETAKE EXAMINATION FORM

The **\$100** re-examination fee, payable to the Illinois Department of Public Health is attached. Please do not send cash!! **YOU MUST ATTACH A PICTURE EVERYTIME YOU TAKE THE EXAM, EVEN IF YOU SUBMITTED ONE DIGITALLY.**

You will receive a letter indicating the next available exam in which you have been placed. You will only be placed in one exam at a time. Therefore, do not send in more than one application to retake the exam.



(Complete Name of Applicant)

(Mailing Address)

(City, State and ZIP)

(County)

Daytime Telephone (_____) _____

Date of Last Examination _____