



## RETAKES EXAMINATION APPLICATION

The **\$175** re-examination fee, payable to the Illinois Department of Public Health is attached. *Do not send cash. YOU MUST ATTACH A PICTURE EVERYTIME YOU TAKE THE EXAMINATION, EVEN IF YOU SUBMITTED ONE DIGITALLY.*

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

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

\_\_\_\_\_  
(Complete Name of Applicant)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State and ZIP Code)

\_\_\_\_\_  
(County)

Daytime Telephone \_\_\_\_\_

Date of Last Examination \_\_\_\_\_

### APPLICATION FEES ARE NON REFUNDABLE

**Fee: \$175**

**Note: Returned check fee is \$100**

### 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