





## Application for Apprentice Plumber's License

**This part of the application *must* be completed by the Illinois licensed plumber sponsor/employer of the applicant.**

I have read the State of Illinois Plumbing License Law and understand my responsibilities as the employer/sponsor of the applicant. I will immediately notify the Illinois Department of Public Health of any change of information that is a part of this application.

**This company is presently employing the following licensed plumbers and apprentice plumbers:** (attach a separate sheet if more room is needed) **THIS SECTION MUST BE COMPLETED.**

- 1) Names of all licensed plumbers and their plumbers license numbers:
  
  
  
  
  
  
  
- 2) Names of all licensed apprentice plumbers, other than applicant, and their apprentice plumber license numbers:

This apprentice plumber is to be sponsored by \_\_\_\_\_ who is an Illinois licensed plumber.  
(Name of Applicant's Sponsor)

Sponsor's plumbing license number is \_\_\_\_\_.  
(If the sponsor has a Chicago plumbing license, you must attach a current copy of the license)

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

### LICENSE WILL NOT BE ISSUED WITHOUT THE FOLLOWING:

- A check or money order for \$100 made payable to the Illinois Department of Public Health.
- One 1" X 1" color photo. **Do not send paper copies.**

It is your responsibility to be sure that you qualify for licensure as an apprentice plumber and that this application is filled out accurately.

### APPLICATION FEES ARE NON REFUNDABLE

Returned Check Fee: \$100

Late Fee: \$100

If you wish the Illinois Department of Public Health to consider granting credit towards your apprentice time for **licensed** time you accumulated from another state, attach proof of **licensed** time from the licensing agency. If you wish the Illinois Department of Public Health to consider granting credit towards your apprentice time for plumbing courses you have taken, attach a copy of your transcript.

**Licenses expire on April 30 following the date of issuance.**

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

### 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