

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR LICENSURE

WATER WELL CONTRACTOR
WATER WELL PUMP INSTALLATION CONTRACTOR
OR
WATER WELL AND PUMP INSTALLATION CONTRACTOR

Scope of Examination. To test the knowledge and skills of applicants for licensure in the construction, installation and repair of water wells, well pumps, water pressure storage tanks, connecting piping and related appurtenances, including proper sealing of abandoned wells, as applicable, and the rules and regulations of the Illinois Department of Public Health promulgated pursuant to the Illinois Water Well Pump Installation Code Law and the Illinois Water Well Construction Code Law. The water well and water well pump installation contractor's licensing examination consist of two parts allowing one hour to complete each part.

Indicate by checkmark which examination you will be taking. Remittance should be made by check or money order payable to the Illinois Department of Public Health. Do not send cash.

- [] Water Well Contractor (\$50.00 remittance required)
[] Water Well Pump Installation Contractor (\$50.00 remittance required)
[] Water Well and Pump Installation Contractor (\$80.00 remittance required)

IMPORTANT NOTE: LETTERS OF ATTENDANCE ARE NOW BEING SENT ELECTRONICALLY. PLEASE BE SURE TO PROVIDE AN E-MAIL ADDRESS BELOW WHERE THIS CAN BE SENT.

Have you taken this examination within the last three years? [] No or [] Yes
If yes, date of the examination. _____

PRINT OR TYPE

Last Name First Name Middle Name
Home Mailing Address County
City State Zip Code Home Telephone / /

CHECK THIS BOX, IF YOU WANT ALL INFORMATION SENT HERE [] E Mail Address _____

Social Security # / / Date of Birth / / Place of Birth
Social Security Number must be provided in order for this application to be processed.

Business Name _____

Business Mailing Address _____ County _____

CHECK THIS BOX, IF YOU WANT ALL INFORMATION SENT HERE [] E Mail Address _____

City State Zip Code Business Telephone / /

CHECK BOX, SIGN, & DATE THIS FORM. It is required by law (5ILCS 100/10-65) that all applicants complete and sign the following statement. Failure to check and sign this certification will result in the return of your application and delays in processing your license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). I hereby certify, under penalty of perjury, that issues of court ordered child support

- [] DOES NOT apply to me or
[] I AM delinquent or
[] I AM NOT more than 30 days delinquent in complying with a child support order.

Applicant's Signature Date

IMPORTANT NOTICE: This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

Please answer the following questions:

Are you a member of any water well association related to the water well and/or pump industry? Yes No

If yes, who _____.

Are you an American Citizen? Yes No

If naturalized, give place and date _____

If not, have you filed a Declaration of Intention to become a citizen? Yes No

Have you ever been convicted of any criminal offense(s) in Illinois or in another state, or in Federal Court (other than minor traffic violation)? Yes No

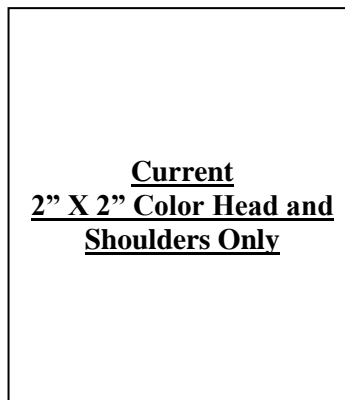
If yes, attach explanation stating the date and place of conviction(s) and nature of such offense(s).

Photograph. A recent photograph of the applicant shall comprise as part of this application form and will become a permanent record.

ATTACH CURRENT PHOTOGRAPH

PHOTOGRAPHIC PAPER PHOTOGRAPHS

Adhere to page by putting tape on back of photo and place in square



No Xerox Copies

No Hats or Glasses

Applicants for licensure as a **Water Well Contractor must complete the page(s)** regarding work experience in addition to the Employer's Affidavit.

Applicants for licensure as a Water Well and Pump Installation Contractor who possess a valid Water Well Contractor License do not need to complete this page but need to provide their Water Well Contractor License number _____.

WATER WELL CONTRACTOR

The Water Well and Pump Installation Contractor's License Code requires evidence such as:

Employment record

W-2's

Copies of paychecks

Or other evidence, that the applicant has been employed and worked in water well construction for a **minimum of 420 working days in a maximum of two years for the required experience.**

An applicant shall submit copies of at least 10 water well construction reports that identify the applicant as the driller. To identify himself or herself as the driller, the applicant, along with the licensed driller performing supervision, shall sign and date each of the water well construction reports. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Work Experience

Provide the following information regarding the licensed water well contractor(s) by whom you have been employed, dates of employment and mailing address of employer(s).

1. Contractor Name: _____ License Number: _____

Employer's Name

Mailing Address (Street) City State Zip Code

Date(s) of Employment: _____ to _____ and _____ to _____

2. Contractor Name: _____ License Number: _____

Employer's Name

Mailing Address (Street) City State Zip Code

Date(s) of Employment: _____ to _____ and _____ to _____

If additional space is needed, please complete and attach a sheet which provides the necessary information.

NOTE: AN EMPLOYER'S AFFIDAVIT IS REQUIRED FOR EACH EMPLOYER

EMPLOYER'S AFFIDAVIT

WATER WELL CONTRACTOR

STATE OF _____)

)AS

COUNTY OF _____)

I hereby certify that I am a Licensed Water Well Contractor holding certification (license) number _____ in the State of _____ and that _____ was employed by me or drilled and constructed water wells under my supervision in regular full-time employment. The original date of my licensure is _____. I verify that the above applicant was under my supervision while I was licensed. Specify if part-time work.

Continuously []

Intermittently []

month day year

month day year

location

month day year

month day year

location

1. His/her character and personal reputation are _____

2. In your opinion, is there any reason why he/she should not be licensed as a water well contractor?

3. General Remarks:

An applicant for a water well contractor license shall submit copies of at least 10 water well construction reports that identify the applicant as the driller. To identify himself or herself as the driller, the applicant, along with the licensed driller performing supervision, shall sign and date each of the water well construction reports.

Employer's (Name) Signature Mailing Address City State Zip Code

Subscribed and sworn to me this _____ day of _____, 20____

Notary Public

SEAL

Mailing Address City State Zip Code

Telephone Number _____ / _____ / _____

Applicants for licensure as a **Water Well Pump Installation Contractor must complete the page(s)** regarding work experience in addition to the Employer's Affidavit.

Applicants for licensure as a Water Well and Pump Installation Contractor who possess a valid Water Well Pump Installation Contractor License do not need to complete this page but need to provide their Water Well Pump Installation Contractor License number_____.

WATER WELL PUMP INSTALLATION CONTRACTOR

The Water Well and Pump Installation Contractor's License Code requires evidence such as:

Employment records

W-2's

Copies of paychecks

Or other evidence, that the applicant has been employed and worked in water well construction for a **minimum of 420 working days in a maximum of two years for the required experience.**

An applicant for a water well pump installation contractor shall submit copies of at least 10 water well pump installation reports that identify the applicant as the pump installer. To identify himself or herself as the pump installer, the applicant, along with the licensed pump installation contractor performing supervision, shall sign and date each of the water well pump installation reports. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Work Experience

Provide the following information regarding the licensed water well pump installation contractor(s) by whom you have been employed, dates of employment and mailing address of employer(s).

1. Contractor Name: _____ License Number: _____

Employer's Name

Mailing Address (Street) City State Zip Code

Date(s) of Employment: _____ to _____ and _____ to _____

2. Contractor Name: _____ License Number: _____

Employer's Name

Mailing Address (Street) City State Zip Code

Date(s) of Employment: _____ to _____ and _____ to _____

If additional space is needed, please complete and attach a sheet which provides the necessary information.

NOTE: AN EMPLOYER'S AFFIDAVIT IS REQUIRED FOR EACH EMPLOYER

EMPLOYER'S AFFIDAVIT

WATER PUMP INSTALLATION CONTRACTOR

STATE OF _____)
)AS
COUNTY OF _____)

I hereby certify that I am a Licensed Water Well Pump Installation Contractor holding certification (license) number _____, in the State of _____ and that _____ was employed by me or installed water well pumps under my supervision in regular full-time employment. The original date of my licensure is _____. I verify that the above applicant was under my supervision while I was licensed. Specify if part-time work.

Continuously []

Intermittently []

month day year month day year location

month day year month day year location

4. His/her character and personal reputation are _____

5. In your opinion, is there any reason why he/she should not be licensed as a water well pump installation contractor?

6. General Remarks:

An applicant for a water well pump installation contractor shall submit copies of at least 10 water well pump installation reports that identify the applicant as the pump installer. To identify himself or herself as the pump installer, the applicant, along with the licensed pump installation contractor performing supervision, shall sign and date each of the water well pump installation reports.

Employer's (Name) Signature Mailing address City State Zip Code

Subscribed and sworn to me this _____ day of _____, 20.

Notary Public

SEAL

Mailing Address City State Zip Code

Telephone Number _____ / _____ / _____