



OFFICIAL USE ONLY
056 _____
Date First Licensed

Application for Apprentice Plumber's License

Print legibly or type

Form with fields for Last Name, First Name, Middle Name, Home Street Address, City, State, ZIP Code, County, Work Phone, Home Phone, Date of Birth, Height, Weight, Social Security Number, Gender, and Education/High School information.

I have read the State of Illinois Plumbing License Law and understand my responsibilities as a licensed apprentice plumber. I understand that no person shall work as an apprentice plumber unless he is employed by a person authorized to contract or work as a plumber and such apprentice is licensed in accordance with the State of Illinois Plumbing License Law. I will immediately notify the Illinois Department of Public Health of any change of information that is a part of this application.

CHILD SUPPORT CERTIFICATION

By law, (51ILCS 100/10-65 (C)), all applicants, regardless of whether they have children or not, must certify whether they are or are not delinquent in the payment of child support. Check one statement below:

- ___ Does not apply to me.
___ I am more than 30 days delinquent in complying with a child support order.
___ I am in compliance with a child support order.

I understand if I refuse to complete this certification or if I provide false/fraudulent information, I could lose my license, be fined or have other penalties assessed. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

Applicant Signature _____ Date _____

Application Continued on Opposite Side

Important Notice

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Plumbing License Law, 225 ILCS 320. Disclosure of this information is mandatory. Failure to provide any information could result in denial of the contractor license. This form has been approved by the Forms Management Center.



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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