



State of Illinois
Illinois Department of Public Health

Plumbing & Water Quality Program Request for Duplicate License

License ID #: _____

Please submit the following information to the Illinois Department of Public Health, Plumbing & Water Quality Program at 525 West Jefferson Street, 3rd Floor, Springfield, IL 62761. Include a \$50.00 check or money order payable to the Illinois Department of Public Health.

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Social Security Number: _____

E-mail: _____

Signature: _____ Date: _____