



State of Illinois
Illinois Department of Public Health

SWIMMING FACILITY PROGRAM PREQUALIFICATION APPLICATION FORM for Architects and Professional Engineers

Requirements

All applicants are required to complete the entire application. Prequalification must be approved by the close of business the day before submitting an application for a project. Allow approximately 30 days for processing after a complete and accurate application is received by the Illinois Department of Public Health.

Submit One Original Form to

Illinois Department of Public Health
Swimming Facility Program
ATTENTION: Craig Steinheimer
525 W. Jefferson St.
Springfield, IL 62761

Application Submittal

The Department will endeavor to notify applicants approximately 60 days prior to expiration; however, it is the responsibility of each applicant to maintain prequalification. Applications that are incomplete or contain errors will be returned for corrections which will delay processing. Do not attach supplemental information unless specifically requested on the application. Once approved, each applicant will receive a **Notice of Prequalification** indicating effective dates. **Please retain the letter for reference.** If any of the conditions in the application are violated by the applicant or any responses are found to be materially untrue, prequalification of the applicant will be rescinded.

Responsibility of Applicant

It is the responsibility of each applicant to:

- Ensure that prequalification has been approved prior to commencing work on a project.
- Maintain current information regarding prequalification. Applicants are required to notify the Department within 10 business days of ANY material changes to information contained in this application. Failure to do so may result in loss of prequalification.

Illinois Department of Financial and Professional Regulation (IDFPR)

Illinois law requires corporations, partnerships and sole proprietorships practicing architecture, professional engineering, structural engineering or land surveying to be licensed with the Department of Financial and Professional Regulation (IDFPR), 217-785-0820. Corporations, partnerships, limited liability partnerships, limited liability companies and sole proprietorships operating under an assumed name shall provide the Department with a copy of their professional design applicant license and copies of the individual Illinois license of the managing agents in charge of their respective practice of architecture, professional engineering, structural engineering or professional land surveying.

Licensing Requirement

Copies of **current, valid licenses** relevant to identified project **MUST be provided** with this application.

Department Training Requirement

Applicants must complete a Department Training Seminar during the first year of prequalification. Applicants must attend annual training provided by the Department, in addition to other continuing education regulations, in order to maintain prequalification. Contact the Swimming Facilities program at 217-782-5830 for training information. No applicant shall appear on the list of prequalified candidates without passing the Department administered training course.



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Point System

Prequalification will be granted on a point system. To be prequalified, the applicant must obtain a **minimum score of 75 points**. The objective criteria the Department uses are listed below:

1. Number of years the architect or professional engineer has been designing swimming facilities
(# of years = # of points). Example: 8 years = 8 points
(A maximum of 20 points)
_____ years
2. Number of swimming facility permits obtained from the Department in the past five years:
0 = 0 points
1 – 5 = 5 points
6 – 10 = 10 points
11 – 15 = 15 points
16+ = 20 points
3. Type of design work performed for these swimming facilities:
(A maximum of 70 points)
No work performed on a swimming facility = 0 points
Resurfacing the pool = 2 points
Replacement of recirculation equipment = 5 points
Replacement of overflow gutter/skimmer = 10 points
Replacement of main drain cover = 10 points
New pool at motel/apartment/condo = 10 points
New multiple pools (2 or less) at facility = 15 points
New multiple pools (3 or more) at facility = 20 points
Small slides/diving board installation = 5 points
Water slides more than 30 feet in length = 10 points
Design bathing beach = 5 points
4. Number of times plans were resubmitted for a single project prior to permit being issued by the Department:
(using the five projects listed on the application)
0 – 1 = 10 points
2 – 4 = (-5 points)
5 – 6 = (-10 points)
7+ = Disqualified
5. Number of times the applicant has been adjudicated to be in violation with the directives set forth in the Swimming Facility Act or the Swimming Facility Code within the past two years.
0 = 10 points
1 – 2 = (-5 points)
3 = (-10 points)
4+ = Disqualified
6. Number of times the applicant's prequalification status has been suspended or revoked in accordance with the directives set forth in the Swimming Facility Act or the Swimming Facility Code within the past two years.
0 = 0 points
1 – 2 = (-10 points)
3+ = Disqualified
7. Number of years the design firm employing the architect or professional engineer has been designing swimming facilities:
Less than 1 year = 0 points
1 – 5 = 5 points
6 – 10 = 10 points
11+ = 20 points



SWIMMING FACILITY PROGRAM PREQUALIFICATION APPLICATION FORM

for Architects and Professional Engineers

Applicant Name _____
Last Name First Name Middle

Address _____ Apt No./Floor _____

City _____ State _____ Zip Code _____ County _____

DOB _____ SSN _____

E-Mail _____

Cellular (____) _____ Home Phone (____) _____

Fax (____) _____

Professional License # _____ Degree _____

Type _____ Date Earned _____

Employer _____

Employer Address _____ Suite No./Floor _____

City _____ State _____ Zip Code _____ County _____

Phone (____) _____ Fax (____) _____ Website _____

Major Business Activity _____

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your Social Security number as part of the application. **Failure to provide your Social Security number shall result in the denial of your application.**

It is required by law (5ILCS/100/10-65) that all applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay in issuing your license. Making a false statement may place you in contempt of court. **Check only one box.**

- I am more than 30 days delinquent in complying with any child support order. **OR**
- I am NOT more than 30 days delinquent in complying with any child support order. **OR**
- This statement does not apply.

I hereby certify that the information submitted is true and valid and I understand that the Illinois Department of Public Health may deny, revoke or suspend my application for knowingly making false or fraudulent claims.

_____/_____
Signature of Applicant Date



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PROJECT EXPERIENCE

IMPORTANT NOTICE: DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL, REVOCATION OR SUSPENSION OF THE APPLICANT'S PREQUALIFICATION.

Provide five projects in the last five years. Attach additional sheets listing experience, if necessary.

| PROJECT NAME AND LOCATION | DUTIES PERFORMED | OWNER NAME AND PHONE NUMBER DATES OF PROJECT |
|---------------------------|------------------|---|
| | | Owner |
| | | Phone |
| | | _____ / _____ to _____ / _____ (month) (year) (month) (year) |
| | | |
| | | Owner |
| | | Phone |
| | | _____ / _____ to _____ / _____ (month) (year) (month) (year) |
| | | |
| | | Owner |
| | | Phone |
| | | _____ / _____ to _____ / _____ (month) (year) (month) (year) |
| | | |
| | | Owner |
| | | Phone |
| | | _____ / _____ to _____ / _____ (month) (year) (month) (year) |
| | | |
| | | Owner |
| | | Phone |
| | | _____ / _____ to _____ / _____ (month) (year) (month) (year) |
| | | |