



Irrigation Contractor Registration Application

Print legibly or type

Business Name				FEIN#	
Street Address				City	
State		ZIP Code		County	
Last Name (Owner or Representative)		First Name		Middle Name	
Height Ft. In.	Weight Lbs.	Applicant's Social Security Number or Immigrant Visa Number		Secretary of State File Number	
Date of Birth		Work Phone		Home Phone	
				Fax Number	
Irrigation ContractorType: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
If a corporation, provide name and address of registered agent:					
It is required by law that every company has licensed plumbers, employed by a State of Illinois Registered Plumbing Contractor, on staff or by contract. Provide the names and license numbers for each of these licensed plumbers. (You must also attach to this application, copies of BOTH their plumber's licenses and the Plumbing Contractors Registration (055-license #) for all listed plumbers.					
Name of Plumber (attach copy of all licenses)		- and -		ID Number of Plumber's Employer (Plumbing Contractor) (attach copy of all Plumbing Contractor Registrations)	
1.					
2.					
3.					
4.					
5.					
6.					
_____ (Signature of Applicant)				_____ (Date Signed)	
Number of Employees Authorized to Install or Supervise the Installation of Lawn Sprinkler Systems					
(Check Appropriate Box) Please note the appropriate number of plumbers required for the number of employees you will have.					
0-7 <input type="checkbox"/> (\$400)	8-12 <input type="checkbox"/> (\$600)	13-20 <input type="checkbox"/> (\$900)	21-28 <input type="checkbox"/> (\$1200)	29-35 <input type="checkbox"/> (\$1500)	36 or more <input type="checkbox"/> (\$1500)
1 Plumber Required	2 Plumbers Required	3 Plumbers Required	4 Plumbers Required	5 Plumbers Required	6 Plumbers Required
APPLICATION FEES ARE NONREFUNDABLE					
Note: Returned check fee is \$200					
Registrations expire February 28 following the date of issuance.					
Return to: Illinois Department of Public Health Office of Health Protection Plumbing Program 525 W. Jefferson St., 3rd Floor Springfield, IL 62761 Telephone 217-524-0791 TTY (hearing impaired use ONLY) 800-547-0466				*OFFICIAL USE ONLY* _____ Registration Number _____ Date First Licensed	

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.