



Examination Application for State Closed Loop Certification

Scope of Examination. To test the knowledge and skills of applicants for certification to register as a contractor in the business of construction and modification of closed loop wells and related appurtenances, including proper sealing of closed loop wells, as applicable, and the rules and regulations of the Illinois Department of Public Health promulgated pursuant to the Water Well and Pump Installation Contractor's License Act, Illinois Water Well Construction Code and Part 920 Water Well Construction Code. The closed loop well registration examination consists of 50 questions with a minimum of one hour allotted to complete the examination.

Certification Examination Fee: \$175.00

Remittance should be made by check or money order payable to the Illinois Department of Public Health.
Do not send cash. The examination fee is required with this application and it is non-refundable.

PRINT OR TYPE

_____ Last Name First Name Middle Name

Home Mailing Address _____ County _____

City _____ State _____ ZIP Code _____ Home Phone _____

IMPORTANT NOTE: All correspondence will be sent electronically, so be sure to provide an e-mail address.

E-mail Address _____

Social Security # _____ Date of Birth _____

Social Security Number must be provided in order for this application to be processed.

Business Name _____

Business Mailing Address _____ County _____

Business E-mail Address _____

City _____ State _____ ZIP Code _____ Business Phone _____

CHECK BOX, SIGN and DATE THIS FORM. Failure to check and sign this certification will result in the return of the application and delays in processing the license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). State law (5ILCS 100/10-65) requires applicants to complete and to sign the following statement.

I hereby certify, under penalty of perjury, that issues of court ordered child support:

DO NOT apply to me.

I AM delinquent.

I AM NOT more than 30 days delinquent in complying with a child support order.

Applicant's Signature

Date

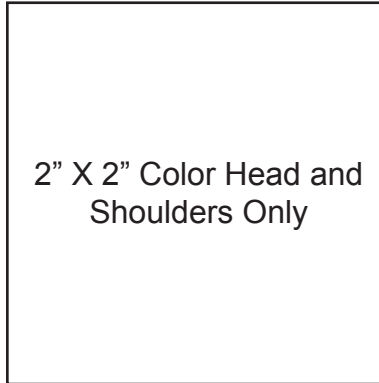
IMPORTANT NOTICE: The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

PHOTOGRAPH:

A recent photograph of the applicant shall be considered a part of this application form and will become a permanent record.

**ATTACH RECENT PHOTOGRAPH
reproduced on photographic paper**

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



No photo copies • No hats or glasses
No old driver's license photographs

EXAMINATION

DATE/LOCATION:

Indicate the date and location for taking the examination for state closed loop contractor certification.

Choice(s)

1) _____
Date Location

2) _____
Date Location

