



RETAKES EXAMINATION APPLICATION

The **\$175** re-examination fee, payable to the Illinois Department of Public Health is attached. *Do not send cash.* **YOU MUST ATTACH A PICTURE EVERYTIME YOU TAKE THE EXAMINATION, EVEN IF YOU SUBMITTED ONE DIGITALLY.**

You will receive a letter indicating the next available examination in which you have been placed. You will only be placed in one examination at a time. Therefore, do not send in more than one application to retake the examination.

**Attach Recent
1" x 1"
Head and
Shoulders
Photograph
of Applicant**

(Complete Name of Applicant)

(Mailing Address)

(City, State and ZIP Code)

(County)

Daytime Telephone _____

Date of Last Examination _____

APPLICATION FEES ARE NON REFUNDABLE

Fee: \$175

Note: Returned check fee is \$100

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