

Illinois Department of Public Health  
Office of Health Protection  
Plumbing Program  
525 W. Jefferson St. 3<sup>rd</sup> Floor  
Springfield, IL 62761  
Telephone 217-524-0791  
TTY (hearing impaired use ONLY) 800-547-0466

**NOTICE OF CANCELLATION OF EMPLOYMENT/SUPERVISION OF  
APPRENTICE PLUMBER**

As of \_\_\_\_\_,  
(date of termination of sponsorship) (name of apprentice plumber)

\_\_\_\_\_  
(current home address of apprentice plumber, street address, city, state and zip)

who has Illinois apprentice plumber license number 056-\_\_\_\_\_  
is no longer sponsored by the undersigned.

***\*\* The office copy AND laminated wallet license for this apprentice plumber MUST accompany this cancellation notice OR a notarized letter stating why either or both are not retrievable.***

Name of licensed plumber sponsor \_\_\_\_\_

Address of licensed plumber sponsor \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Illinois plumbing license number \_\_\_\_\_

\_\_\_\_\_  
(date signed)

\_\_\_\_\_  
(signature of sponsor)

**This notice will not be considered complete unless the office copy of the apprentice license is received by the Department attached.**

**Per Section 750.900 (b)(7) of the Illinois Plumbing License Code this completed notice must be received by the Department within 15 days of termination of sponsorship. Failure to submit within 15 days is a violation of the Code and subject to revocation, suspension or denial of the sponsors plumbing license.**