

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 correspond	ence will be sent elect	ronically, so be sure	e to provide an e-mail address.
E-mail Address			
Social Security #	_ Date of Birth		_
Social Security Number must be provided in ord	der for this application to be	processed.	
Business Name			
Business Mailing Address			County
Business E-mail Address			
City	State	ZIP Code	Business Phone
	g a false statement may	place you in contemp	ion will result in the return of the application and of of court, (ILCS 110/10-65(c)). State law (5ILCS
I hereby certify, under penalty of perj	ury, that issues of cou	rt ordered child sup	port:
☐ DO NOT apply to me.			
☐ I AM delinquent.			
☐ I AM NOT more than 30 days delinqu	ent 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.

Printed by Authority of the State of Illinois P.O.#5515595 250 7/14 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

2" X 2" Color Head and Shoulders Only

No photo copies • No hats or glasses

No old driver's license photographs

Section 920.210 of the Water Well Construction Code requires **proof of 180 days** working as a geothermal well driller. The Department will review the evidence submitted and make a determination if it is acceptable. Some suggested forms of proof of experience are:

- 1) Records of closed loop well installations (installation reports).
- 2) A list giving the customers names, addresses and telephone numbers and dates of jobs performed covering the required amount of time.
- 3) Employment records.
- 4) W-2's, copies of paychecks.
- 5) A notarized employer's affidavit attesting to work experience as provided below.

EMPLOYER'S AFFIDAVIT CLOSED LOOP WELL CONTRACTOR

STATE OF _)					
	F) AS					
I hereby cerf wells under	tify that my supervisi	on in regular	full-ti	me emplo	yment.	was er	nployed by me and	d drilled and const	ructed cl	osed loop
	usly 🖵 Inte									
month	day		to _	month	day			lagation		
month	uay	year			day	year		location		
month	day	year	to _	month	day	year		location		
1. Total num	ber of days of	drilling for this	s com	ipany:						
Employer's (Nam	ne)					Sign	ature			
Mailing Address							City	State		P Code
Walling / taal coo							Oity	Claic	211	Code
				Subscr	ibed and swo	orn to me this _	day of			_, 20
				Notary P	ublic					
	SEAL									
	•			Mailing A	ddress		City		State	ZIP Code
				Phone N	umber					