

ATTACH CURRENT
2" X 2"
HEAD AND
SHOULDERS
COLOR PHOTOGRAPH
HERE
No Hat or Dark Glasses

Illinois Department of Public Health
Division of Environmental Health - Private Water Program
525 W. Jefferson St.
Springfield, IL 62761

APPLICATION FOR LICENSURE AS A WATER WELL PUMP INSTALLATION CONTRACTOR

(Plumber or Apprentice Plumber)

Attach a copy of your current plumber's or apprentice plumber's license and return with this application.

City of Chicago plumbers must send a copy of their City of Chicago Plumber's License with this form.

Plumber
License Number _____
Expiration Date _____

Apprentice Plumber
License Number _____
Expiration Date _____
Sponsor's Name _____
Sponsor's Plumbing License Number _____
Sponsor's Water Well Pump
Installation License Number _____

PRINT OR TYPE ONLY. Incomplete applications will be returned. Mailed complete application to the address above.

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____
HOME ADDRESS _____ **COUNTY** _____
CITY _____ **STATE** _____ **ZIP CODE** _____ **HOME TELEPHONE** _____ / _____
CELL PHONE _____ / _____ **E-MAIL ADDRESS** _____
SOCIAL SECURITY # _____ / _____ / _____ **DATE OF BIRTH** _____ / _____ / _____
Social Security number must be provided in order for this application to be processed

DO NOT USE SAME ADDRESS/PHONE FOR HOME AND BUSINESS UNLESS THEY ARE ACTUALLY THE SAME

BUSINESS NAME _____
BUSINESS MAILING ADDRESS _____ **COUNTY** _____
CITY _____ **STATE** _____ **ZIP CODE** _____ **BUSINESS TELEPHONE** _____ / _____
FAX NUMBER _____ / _____ **E-MAIL ADDRESS** _____

Remember to Sign and Date This Notice Statement. It is required by law (5ILCS 100/10-65) that all applicants complete and sign the following statement. Failure to check and sign this certification will result on the return of your application and delays in processing your license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). I hereby certify, under penalty of perjury, that issues of court ordered child support

- DOES NOT apply to me, or
- I AM delinquent, or
- I AM NOT more than 30 days delinquent in complying with a child support order.

Applicant's Signature

Date

IMPORTANT NOTICE. This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 90-692. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

CENTRAL OFFICE USE ONLY
482-0528 (Rev 04/2011) License Number _____