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FOR IDPH USE ONLY

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, IL 62761

APPLICATION FOR LEAD CONTRACTOR LICENSE
\$500.00 check or money order must accompany this application

Type or Print

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS TELEPHONE _____ / _____ FAX _____ / _____ COUNTY _____

DESIGNATED SUPERVISOR _____ Lead License ID#: _____

CONTACT PERSON _____ EMAIL: _____

TYPE OF OWNERSHIP (Check)

____ Corporation ____ Trust ____ Sole Proprietorship Social Security#: _____
____ Partnership ____ Association ____ Other (Specify) _____

LIST OF OFFICERS

	Name and Title	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

The Public Information Disclosure below must be completed to allow the Department to release your business contact information for public distribution, through freedom of information (FOI) request, Internet listing, etc. **ONLY** those lead abatement contractors who complete this information will be included in Department lists. By checking a box below, you authorize this Department to publish your business information on all IDPH listings. Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from release of the information authorized below. I authorize the Illinois Department of Public Health to include my:

(Check only **ONE** box) Business Information I do not wish to be listed

I hereby certify that the information submitted is true and valid, and I understand that the Illinois Department of Public Health may deny, suspend or revoke my application for the Contractor License for knowingly making false or fraudulent claims.

Signature of Applicant

Date

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC LAW PA 87-175. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL OF THE CONTRACTOR LICENSE. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER. IL 482-0906

Applications and instructions are published on the Internet at:
WWW.IDPH.STATE.IL.US/ENVHEALTH/EHHOME.HTM