



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division of Environmental Health, Illinois Lead Program
525 West Jefferson Street, 3rd floor, Springfield, IL 62761

FOR DEPARTMENT USE ONLY

LEAD ID NUMBER L- _____

LEAD ID NUMBER HDE- _____

Lead Supervisor **Lead Inspector** **Lead Risk Assessor** **Reciprocal License**

Applicants requesting Lead Supervisor, Inspector or Risk Assessor licensures shall pay an annual fee of \$100.00 per licensure. Make remittances payable to Illinois Department of Public Health. Must be at least 18 years of age.

All Fees Are Non-refundable

Applicant's Legal Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Social Security Number: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth (mm/dd/yyyy): _____ County: _____

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your social security number as part of the license application. Failure to provide your social security number shall result in the denial of your license application.

Employer Information

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ County: _____

It is required by law (5ILCS/100/10-65) that all applicants shall complete and sign the following statement: Failure to complete this statement will result in the return of your application and delays in processing your license. Making a false statement may place you in contempt of court. Please check only one of the choices below that best applies to you. Note: your license will not be issued until this section is completed.

(CHECK ONLY ONE BOX)

- I AM more than 30 days delinquent in complying with any child support order
- I AM NOT more than 30 days delinquent in complying with any child support order
- This statement does not apply

<p>Attach a clear, current, color passport size (2" x 2" exact size) photograph with tape here.</p> <p>The picture shall have the printed name of the applicant on the reverse side.</p> <p>Licenses will not be issued without an identification photograph.</p>	<p>I hereby certify that the information submitted is true and valid and I understand that the Illinois Department of Public Health may deny, revoke or suspend my application for a Lead Professional License for knowingly making false or fraudulent claims.</p> <p>Signature: _____ Date: _____</p> <p>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, revocation or suspension of the applicant's license. IL 482-0905</p>
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All license fees are non-refundable. This application shall be signed and dated. Application forms are processed in the order they are received. Walk-in applicants will have their applications added to that day's work and the licenses mailed to them. E-mailed and faxed applications will not be accepted. This application must be printed single-sided. Please allow 4 weeks for the Department to process the application and send the license in the mail. Revised 1/7/2011

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Public Information Disclosure

Illinois Lead program

Complete this form if you want the Illinois Department of Public Health (Department) to release for public distribution, through freedom of information (FOI) request, internet listings, etc., your business and/or personal contact information.

Your option below authorizes this Department to publish your business address and telephone number and/or your personal address and telephone number on all IDPH listings.

Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from the release of the information authorized below.

I authorize the Illinois Department of Public Health to include my:

(check only one box)

Business address, telephone and fax number

Personal address, telephone and fax number

I do not wish to be listed on IDPH Listings

Last Name:		First Name:		MI:
Street Address:			Lead ID No:	
City:			State:	Zip Code:
Phone Number:	County:			

Company Name:			
Street Address:			
City:		State:	Zip Code:
Phone Number:	Fax Number:	County:	

Print Name: _____	
Signature: _____	Date: _____



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Third Party Examination Application

Applicants for lead inspector, risk assessor and supervisor licenses are required to pass the Department's third party examination. To qualify to take the third party examination, an applicant shall: comply with the requirements of Section 845.125; submit a completed third party examination application form provided by the Department; and submit a \$50 non-refundable third party examination application fee for each separate discipline examination each time the examination is taken
 * IDPH, delegate agencies and local health department employees are exempt from the examination fee*

Last Name:		First Name:		MI:
Street Address:			Social Security Number:	
City:		State:	Zip Code:	
Phone Number:	Date of Birth (mm/dd/yyyy):	County:		

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your social security number as part of the license application. Failure to provide your social security number shall result in the denial of your license application.

Indicate below the examination(s) you will be taking:
 Lead Supervisor **Lead Inspector** **Lead Risk Assessor** **Reciprocity**
 * When applying for a Lead Risk Assessor license, a separate Lead Inspector license/exam is not needed *

	Date of Examination	Location of Examination (Region)
1 st Choice:		
2 nd Choice:		
3 rd Choice:		
4 th Choice:		

You must submit this application and all the licensure requirements 4 weeks prior to the chosen exam date; applicable education and experience must also be met. You may take the third party examination no more than three times within six months after the Department accepts the application for licensure. If you do not pass the third party examination within six months after the Department accepts the application for licensure, you must retake the Initial training course(s) from a Department-approved training course provider before reapplying for approval to take the third party examination. A \$50.00 non-refundable exam fee must be submitted each time the examination is taken.

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

Signature: _____ 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, revocation or suspension of the applicant's license. IL 482-0978

Applicants requesting third party examination reciprocity of an examination offered by another authorized state or tribal program shall pass the Illinois Reciprocal Supplemental Examination (IRSE). The IRSE is used to evaluate the applicant's understanding of Illinois' requirements.

