

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH PROTECTION  
PLUMBING PROGRAM  
828 S. SECOND ST.  
SPRINGFIELD, IL 62704  
TELEPHONE 217-524-0791  
TTY (hearing impaired use ONLY) 800-5470466

**Application for Examination  
For Restoration of Expired  
Illinois Plumber's License**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address City

\_\_\_\_\_  
State ZIP County Telephone Number ( )

Applicant's birth date\_\_\_\_\_

Social Security Number\_\_\_\_\_

Identification number of expired license\_\_\_\_\_

Year plumber license first issued\_\_\_\_\_

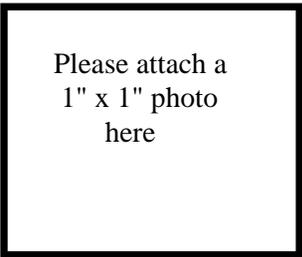
Date of expiration of last Illinois plumber's license\_\_\_\_\_

Brief explanation of why license has been expired\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Paragraph 320/14 of the Plumbing License Law and 750.4000 of the Plumber's Licensing Code states:  
"The fee to be paid for the restoration of an expired license which has expired for more than 5 years shall be **\$500** and shall include the fee for the first examination".

PLEASE ATTACH A **\$500** CHECK OR MONEY ORDER MADE PAYABLE TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed