



## Application for Registration as a State Closed Loop Well Contractor

**Registration Fee: \$100.00**

This application is for registration as a State Closed Loop Well Contractor. According to the Water Well and Pump Installation Contractor's License Act, Illinois Water Well Construction Code and Part 920 Water Well Construction Code, an applicant for registration under this section shall provide verification of certification by an organization approved by the Department. In addition, an applicant for registration shall submit proof of certification under Section 920.210, unless specifically exempt from certification in Section 920.210(c).

**PRINT OR TYPE**

Last Name	First Name	Middle Name
Home Mailing Address _____		County _____
City _____	State ____ ZIP Code _____	Home Phone _____

**IMPORTANT NOTE: All correspondence will be sent electronically, so be sure to provide an e-mail address.**

E-mail Address \_\_\_\_\_

Name of Third Party Organization \_\_\_\_\_ Certification Number \_\_\_\_\_  
*(Attach proof of verification of certification by an organization approved by the Department.)*

State Certification Number \_\_\_\_\_ Examination Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**Social Security Number must be provided in order for this application to be processed.**

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ County \_\_\_\_\_

Business E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_ Business Phone \_\_\_\_\_

**CHECK BOX, SIGN and DATE THIS FORM.** Failure to check and sign this certification will result in the return of the application and delays in processing the license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). State law (5ILCS 100/10-65) requires applicants to complete and to sign the following statement.

***I hereby certify, under penalty of perjury, that issues of court ordered child support:***

- DO NOT apply to me.
- I AM delinquent.
- I AM NOT more than 30 days delinquent 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.