

Joint Apprenticeship Committee Application for Registration as a Plumber's Apprentice Under an Apprenticeship Training Program Approved by U.S. Department Of Labor

	(Name of Apprenticeship Pr	ogram)		
· · · · · · · · · · · · · · · · · · ·	(Complete Address)			(ZIP Code)
elephone(Include Area Code)				
(Include Area Code)				
pprenticeship Comm	ittee (*indicates chairman)			
Name	Representing		Address	
	☐ Continued on Reverse Side	☐ See Attachmen	t	
	Applicant			
(Last Name)	(First Name)		(Middle Name)	
(Street	Address)	(City)	(State)	(ZIP Code)
(County)	(Home Phone)		(Work Phone))
	(Place of Birth)		(Date	of Birth)
(Height)	(Weight)	_	(Applicant's Social	al Security Number
ttended		from _	to _	
	(Name of High School)			
	(Complete Address of High	School)		



	y law, (51ILCS 100/10-65 (C)), all applicants, regardless of whether they hat are not delinquent in the payment of child support. Check one statement	ave children or not, must certify w	hether they are			
	Does not apply to me.					
	I am more than 30 days delinquent in complying with a child	support order.				
	I am in compliance with a child support order.					
or	understand if I refuse to complete this certification or if I provide false/fraudule have other penalties assessed. Therefore, I declare that I have examined the atements are true, correct and complete.					
	Applicant Signature	Di	ate			
	General Information					
1.	No person shall engage in plumbing as a plumber's apprentice unless he license issued by the Illinois Department of Public Health.	e or she possesses a valid apprei	ntice plumber's			
2.	n apprentice plumber's license expires on April 30 following the date of issuance. A license may be renewed for a period of ne (1) year to last from May 1 until April 30 the following year. The license may be renewed by submitting the application rovided by the Department and payment of the required annual license fee.					
3.	Fee for apprentice plumber's license is \$100. DO NOT SEND CASH. Che Department of Public Health.	\$100. DO NOT SEND CASH. Check or money order must be payable to the Illinois				
4.	ny change in the information contained in this application or change of status between the apprenticeship committee and is applicant shall be promptly reported in writing to the Illinois Department of Public Health.					
Licenses Expire April 30 Following the Date of Issue. FEE SCHEDULE		You must attach one recent head and shoulder color photo of the applicant.	Attach Recent 1" x 1" Head and Shoulders Photograph			
All	ll Apprentice Application Fees are \$100. Il Change of Sponsor Fees are \$100.		of Applicant			
No	ote: Returned Check Fee is \$100 Late Fee is: \$100					
Sigr	gnature of Applicant	Date Signed				
 Sigr	gnature of Chairman - Jac					

RETURN APPLICATION WITH ALL ATTACHMENTS TO:

Illinois Department of Public Health Plumbing Program 525 W. Jefferson St., 3rd Floor Springfield, IL 62761 Telephone 217-524-0791 - Fax 217-524-5868 TTY (hearing impaired use only) 800-547-0466