



OFFICIAL USE ONLY	
Months Accumulated	_____
Approved	_____
Disapproved	_____
By	_____
Date	_____

Application for Examination for Plumber's License

(due 30 days prior to date of examination)

Print legibly or type

Last Name	First Name	Middle Name
Home Street Address		City
State	ZIP Code	County
Work Phone		Home Phone
Date of Birth	Place of Birth (geographic location of birth)	
United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", date eligible for citizenship is _____ If "no", applicant must submit a signed and sealed N-300 or N-400 from the Department of Homeland Security.	
High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", applicant must submit documented evidence of completion of a two-year course of study in a high school or an equivalent course of study.	
Applicant's state of Illinois apprentice plumber's license number is 056- _____		
<p>NOTE: (225 ILCS 320/10), SECTION 10 (d) requires an applicant to have been employed as an Illinois licensed apprentice plumber under supervision in accordance with this act for at least four years preceding the date of this application. It is up to the applicant to make sure he/she meets this requirement. Application fees are NOT refundable.</p> <p>List the four or more years of employment that you have worked as a licensed apprentice plumber. Include the complete name and address of firm. Fill this out to the best of your knowledge. Do not call IDPH for this information.</p>		
YEAR _____		
YEAR _____		
YEAR _____		
YEAR _____		

**Attach Recent
1" x 1"
Head and
Shoulders
Photograph
of Applicant**

Application Continued on Opposite Side

Important Notice

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Plumbing License Law, 225 ILCS 320. 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.



Application for Examination for Plumber's License

TO BE COMPLETED BY OUT-OF-STATE APPLICANTS ONLY

I am a licensed plumber. <input type="checkbox"/> Yes <input type="checkbox"/> No	License issued by (name of licensing agency)	
	Street address	
	City, state and ZIP Code	
A copy of my current license is attached. I completed _____ years as a licensed/registered apprentice plumber. My apprentice license/registration was issued by:	License issued by (name of licensing agency)	
	Street address	
	City, State & ZIP Code	
Licensed by exam <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of exam	Address/Site of exam

You must submit a letter from the licensing entity that states the exact time period that you have been licensed.

THIS SECTION TO BE COMPLETED BY IN-STATE APPLICANTS (ILLINOIS OR CHICAGO) ONLY

I have successfully completed a course of instruction in plumbing that was under the auspices of the U.S. Department of Labor's Bureau of Apprenticeship and Training. Yes No - If "yes," attach a copy of certificate of completion.

I have been supervised by the following licensed plumbers (list name and identification number of licensed plumbers/agents).

1.	
2.	
3.	

I have served approximately _____ hours in the plumbing trade under the sponsorship and supervision of the above licensed plumbers.

(Signature of Applicant)

(Social Security # of Applicant)

(Date Signed)

FEES ARE NON-REFUNDABLE

Application Fee for Illinois Licensed Apprentice Plumber: \$175

Application Fee for Plumbers Registered or Licensed in Chicago or Outside the State of Illinois: \$225

Returned Check Fee: \$100

DO NOT SEND CASH. Attach a check or money order, payable to the Illinois Department of Public Health.

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