

Application for State of Illinois Plumber's License Reciprocity with the City of Chicago License Without Examination

| (Last Name) | ame) (First Name) | | (Middle Name) | |
|---|--|----------------------------|---------------------|--|
| (Street Address) | (City) | (State) | (ZIP Code) | |
| (Home Phone) | | (Work Phone) | | |
| | | | | |
| (Applicant's Date of Birth) | (Height) | (Height) (Weight) | | |
| Are you a United States Citizen? ☐ Yes ☐ No | | | | |
| If "no", date eligible for citizenship is | | | | |
| If "no", applicant must submit a signed and sealed | d N-300 or N-400 from the Departme | ent of Homeland Secu | rity. | |
| APPRE | ENTICE PLUMBER HISTORY | | | |
| Date applicant first licensed or registered as an appre | entice plumber | | | |
| Name and address of licensed plumber who supervis (You must attach proof from the licensing agency | | | uch supervision: | |
| Plumber's Name | License Nu | ımber | Year of Supervision | |
| | Complete Address | | | |
| | | | | |
| Plumber's Name | License Nu | mber | Year of Supervision | |
| | Complete Address | | | |
| | | | | |
| Plumber's Name | License Nu | ımber | Year of Supervision | |
| | Complete Address | | | |
| Applicant's Current Plumber's License Number | | | | |
| Date Original License Issued | Expiration Date of Li | Expiration Date of License | | |
| Issued by | | | | |
| | (Name and Address of Licensing Agency) | | | |

Your licensing status will be verified by this office through the City of Chicago, Board of Plumbing Examiners. The acceptance of your application will be based upon the information received from the City of Chicago, Board of Plumbing Examiners.



CHILD SUPPORT CERTIFICATION By law, (51ILCS 100/10-65 (C)), all applicants, regardless of whether they have children or not, must certify whether they are

The fee for a plumber's license is \$150. Do not send cash.

Attach a check or money order made payable to the Illinois Department of Public Health.

Plumber Licenses Expire April 30th Following the Date of Issuance.

You **must** attach the following to your application:

- 1. Proof from the licensing agency of four years licensed apprenticeship (i.e. copies of licenses). We **do not** accept letters from previous employers.
- 2. A copy of your current Chicago plumber's license.
- 3. Proof of four hours continuing education in the last year.
- 4. A 1" x 1" head and shoulders picture of yourself in the square indicated.

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

FEES

Fee is \$150

Note: Fees are Non-Refundable Returned check fee is \$100

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