

SWIMMING FACILITY PROGRAM PREQUALIFICATION APPLICATION FORM

for Architects and Professional Engineers

Requirements

All applicants are required to complete the entire application. Prequalification must be approved by the close of business the day before submitting an application for a project. Allow approximately 30 days for processing after a complete and accurate application is received by the Illinois Department of Public Health.

Submit One Original Form to

Illinois Department of Public Health Swimming Facility Program ATTENTION: Craig Steinheimer 525 W. Jefferson St. Springfield, IL 62761

Application Submittal

The Department will endeavor to notify applicants approximately 60 days prior to expiration; however, it is the responsibility of each applicant to maintain prequalification. Applications that are incomplete or contain errors will be returned for corrections which will delay processing. Do not attach supplemental information unless specifically requested on the application. Once approved, each applicant will receive a *Notice of Prequalification* indicating effective dates. *Please retain the letter for reference*. If any of the conditions in the application are violated by the applicant or any responses are found to be materially untrue, prequalification of the applicant will be rescinded.

Responsibility of Applicant

It is the responsibility of each applicant to:

- Ensure that pregualification has been approved prior to commencing work on a project.
- Maintain current information regarding prequalification. Applicants are required to notify the Department within 10 business days of ANY material changes to information contained in this application. Failure to do so may result in loss of pregualification.

Illinois Department of Financial and Professional Regulation (IDFPR)

Illinois law requires corporations, partnerships and sole proprietorships practicing architecture, professional engineering, structural engineering or land surveying to be licensed with the Department of Financial and Professional Regulation (IDFPR), 217-785-0820. Corporations, partnerships, limited liability partnerships, limited liability companies and sole proprietorships operating under an assumed name shall provide the Department with a copy of their professional design applicant license and copies of the individual Illinois license of the managing agents in charge of their respective practice of architecture, professional engineering, structural engineering or professional land surveying.

Licensing Requirement

Copies of current, valid licenses relevant to identified project MUST be provided with this application.

Department Training Requirement

Applicants must complete a Department Training Seminar during the first year of prequalification. Applicants must attend annual training provided by the Department, in addition to other continuing education regulations, in order to maintain prequalification. Contact the Swimming Facilities program at 217-782-5830 for training information. No applicant shall appear on the list of pregualified candidates without passing the Department administered training course.

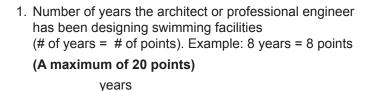


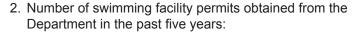
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Point System

Prequalification will be granted on a point system. To be prequalified, the applicant must obtain a **minimum score of 75 points**. The objective criteria the Department uses are listed below:





0 = 0 points

1 - 5 = 5 points

6 - 10 = 10 points

11 - 15 = 15 points

16+ = 20 points

3. Type of design work performed for these swimming facilities:

(A maximum of 70 points)

No work performed on a swimming facility = 0 points
Resurfacing the pool = 2 points
Replacement of recirculation equipment = 5 points
Replacement of overflow gutter/skimmer = 10 points
Replacement of main drain cover = 10 points
New pool at motel/apartment/condo = 10 points
New multiple pools (2 or less) at facility = 15 points
New multiple pools (3 or more) at facility = 20 points
Small slides/diving board installation= 5 points
Water slides more than 30 feet in length = 10 points
Design bathing beach = 5 points

4. Number of times plans were resubmitted for a single project prior to permit being issued by the Department: (using the five projects listed on the application)

0 - 1 = 10 points

2 - 4 = (-5 points)

5 - 6 = (-10 points)

7+ = Disqualified

 Number of times the applicant has been adjudicated to be in violation with the directives set forth in the Swimming Facility Act or the Swimming Facility Code within the past two years.

0 = 10 points

1 - 2 = (-5 points)

3 = (-10 points)

4+ = Disqualified

6. Number of times the applicant's prequalification status has been suspended or revoked in accordance with the directives set forth in the Swimming Facility Act or the Swimming Facility Code within the past two years.

0 = 0 points

1 - 2 = (-10 points)

3+ = Disqualified

7. Number of years the design firm employing the architect or professional engineer has been designing swimming facilities:

Less than 1 year = 0 points

1-5=5 points

6 - 10 = 10 points

11 + = 20 points



FOR DEPARTMENT USE ONLY	
ID #	

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Applicant Name					
Last Name		First Name	Middle		
Address			Apt No./Floor		
City	State	_ Zip Code	County		
DOB SSN	I				
E-Mail			In accordance with the requirements of the <i>Illinois Administrative Procedure Act, 5 ILCS</i> 100, the Department of Public Health requires the disclosure of your Social Security number as part of the application. Failure to provide		
Cellular () Home P	hone ()		your Social Security number shall result in the denial of your application.		
Fax ()					
Professional License #		Degree			
Type		Date Earned _			
Employer					
Employer Address			Suite No./Floor		
City	State	Zip Code	County		
Phone () Fax (Website			
Major Business Activity					
Wajor Business Activity					
It is required by law (5ILCS/100/10-65) that all applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay in issuing your license. Making a false statement may place you in contempt of court. Check only one box. □ I am more than 30 days delinquent in complying with any child support order. OR □ I am NOT more than 30 days delinquent in complying with any child support order. OR □ This statement does not apply. I hereby certify that the information submitted is true and valid and I understand that the Illinois Department of Public Health					
may deny, revoke or suspend my application for knowingly making false or fraudulent claims.					
	1				
Signature of Applicant		Date			



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PROJECT EXPERIENCE

IMPORTANT NOTICE: DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL, REVOCATION OR SUSPENSION OF THE APPLICANT'S PREQUALIFICATION.

Provide five projects in the last five years. Attach additional sheets listing experience, if necessary.

PROJECT NAME AND LOCATION	DUTIES PERFORMED	OWNER NAME AND PHONE NUMBER DATES OF PROJECT
		Owner
		Phone
		to
		Owner
		Phone
		/ to/ (month) (year) (month) (year)
		Owner
		Phone
		to/ (month) (year) (month) (year)
	Owner	
		Phone
		to/ (month) (year) (month) (year)
		Owner
		Phone
		to