

# *Plumbing*

Plumber/Apprentice Name \_\_\_\_\_

Plumber/Apprentice ID # \_\_\_\_\_  
(If already assigned)

## Child Support Certification

By law, (5ILCS 100/10-65 (C)), all applicants, regardless of whether they have children or not, must certify whether they are or are not delinquent in the payment of child support. If this is not completed, your application will be returned to you for further information.

Please check one statement below:

- 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.

I understand that if I refuse to complete this certification or if I provide false/fraudulent information, I could lose my license, be fined or have other penalties assessed. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

Please mail to: Illinois Department of Public Health  
Plumbing Program  
525 W. Jefferson St. 3<sup>rd</sup> Floor  
Springfield, IL 62761