



New Application
 Renewal
 State License No. _____
(055-XXXXXX)

Plumbing Contractor Registration

APPLICATION IS HEREBY MADE FOR REGISTRATION AS A PLUMBING CONTRACTOR AS SET FORTH IN STATE STATUTES, CITY ORDINANCES AND ALL SUBSEQUENT AMENDMENTS THERETO:

ALL FIELDS MUST BE FILLED OUT TO COMPLETE REGISTRATION

* License Holder (Person) _____

* Company Name/Address _____

* Cell Number _____ * Telephone Number _____

* Email Address _____

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name: _____

Phone: () _____

Name: _____

Phone: () _____

- The following must be included with this registration form:**
- ✓ A copy of current State of Illinois Plumbing License
 - ✓ A copy of current State of Illinois Plumbing Contractor Registration Certificate

This registration is valid from June 1– May 31 annually.

* Signature of License Holder	* Date of Application
Approved by Plumbing Inspector	Date of Approval
Registration #	