

STATE LICENSED PLUMBERS REGISTRATION

Company Name: _____

Business Address: _____

Telephone:_()_____ Fax:_()_____

City, State, Zip:_____

State Contractor License No.:_____ Exp. Date:_____

Name of Licensed Plumber:_____

Licensed Plumber Reg. #:_____ Exp. Date: _____

Address:_____

(If different from above.)

City, State, Zip:_____

(If different from above.)

Telephone:_()_____

REQUIREMENTS:

- Plumbing License / Picture ID.
- Copy of 055 and 058 Licenses of IL Plumbing License

Signature of Applicant

Date

APPROVED : _____

NOT APPROVED : _____

Michael D. Bergquist, Plumbing Inspector

Date