



## Licensed Water Well Contractor Application for State Closed Loop Certification

This application is for water well contractors currently licensed by the Department to apply for State Closed Loop Well Certification. Any person holding a valid Water Well Contractor's License issued under the Water Well and Pump Installation Contractor's License Act may apply and receive, without examination or fee, a Closed Loop Well Contractor's certification according to the Water Well and Pump Installation Contractor's License Act, Illinois Water Well Construction Code and Part 920 Water Well Construction Code. As part of the application, the person shall submit a copy of his or her current Water Well Contractor's License. (This does not relieve the contractor from applying annually for registration and providing evidence of certification by a Department approved organization.)

**No fee is required for an applicant holding a valid Water Well Contractor's License.**

### PRINT OR TYPE

\_\_\_\_\_

Last Name

First Name

Middle Name

Home Mailing Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Home Phone \_\_\_\_\_

**IMPORTANT NOTE: All correspondence will be sent electronically, so be sure to provide an e-mail address.**

E-mail Address \_\_\_\_\_

Water Well Contractor's License Number \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Social Security Number must be provided in order for this application to be processed.**

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ County \_\_\_\_\_

Business E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Business Phone \_\_\_\_\_

**CHECK BOX, SIGN and DATE THIS FORM.** Failure to check and sign this certification will result in the return of the application and delays in processing the license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). State law (5ILCS 100/10-65) requires applicants to complete and to sign the following statement.

***I hereby certify, under penalty of perjury, that issues of court ordered child support:***

DO NOT apply to me.

I AM delinquent.

I AM NOT more than 30 days delinquent in complying with a child support order.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE:** The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.