



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
 Division of Environmental Health, Illinois Lead Program  
 525 West Jefferson Street, 3rd floor, Springfield, IL 62761

FOR DEPARTMENT USE ONLY

LEAD ID NUMBER L- \_\_\_\_\_

LEAD ID NUMBER HDE- \_\_\_\_\_

### Third Party Examination Application

Applicants for lead inspector, risk assessor and supervisor licenses are required to pass the Department's third party examination. To qualify to take the third party examination, an applicant shall: comply with the requirements of Section 845.125; submit a completed third party examination application form provided by the Department; and submit a \$50 non-refundable third party examination application fee for each separate discipline examination each time the examination is taken  
 \* IDPH, delegate agencies and local health department employees are exempt from the examination fee\*

Last Name:		First Name:		MI:
Street Address:			Social Security Number:	
City:		State:	Zip Code:	
Phone Number:	Date of Birth (mm/dd/yyyy):	County:		

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your social security number as part of the license application. Failure to provide your social security number shall result in the denial of your license application.

Indicate below the examination(s) you will be taking:

**Lead Supervisor**     **Lead Inspector**     **Lead Risk Assessor**     **Reciprocity**

\* When applying for a Lead Risk Assessor license, a separate Lead Inspector license/exam is not needed \*

	Date of Examination	Location of Examination (Region)
1 <sup>st</sup> Choice:		
2 <sup>nd</sup> Choice:		
3 <sup>rd</sup> Choice:		
4 <sup>th</sup> Choice:		

You must submit this application and all the licensure requirements 4 weeks prior to the chosen exam date; applicable education and experience must also be met. You may take the third party examination no more than three times within six months after the Department accepts the application for licensure. If you do not pass the third party examination within six months after the Department accepts the application for licensure, you must retake the Initial training course(s) from a Department-approved training course provider before reapplying for approval to take the third party examination. A \$50.00 non-refundable exam fee must be submitted each time the examination is taken.

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 a Lead Professional License for knowingly making false or fraudulent claims.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Important Notice: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under public law PA 87-175. Disclosure of this information is mandatory. Failure to provide any information could result in denial, revocation or suspension of the applicant's license. IL 482-0978

Applicants requesting third party examination reciprocity of an examination offered by another authorized state or tribal program shall pass the Illinois Reciprocal Supplemental Examination (IRSE). The IRSE is used to evaluate the applicant's understanding of Illinois' requirements.