IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health, Illinois Lead Program
525 W. Jefferson St., 3rd Floor, Springfield, IL 62761

LEAD WORKER APPLICATION

Applicants requesting an initial or the renewal of an existing Lead Worker license shall pay an annual fee of $50.00. Make remittances payable to Illinois Department of Public Health.

Must be at least 18 years of age.   ***All Fees Are Nonrefundable***

Applicant's Legal Information

Last Name:	First Name:	MI:
Street Address:		Social Security Number:
City:	State:	Zip Code:
Phone:	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.

Employer Information

Company Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	County:

It is required by lay (5ILCS/100/10-65) that all applicants shall complete and sign the following statement: Failure to complete this statement will result in the return of your application and delays in processing your license. Making a false statement may place you in contempt of court. Please check only one of the choices below that best applies to you. Note: your license will not be issued until this section is completed.

(CHECK ONLY ONE BOX)

☐ I AM more than 30 days delinquent in complying with any child support order

☐ I AM NOT more than 30 days delinquent in complying with any child support order

☐ This statement does not apply

Attach a clear, current, color passport size (2" x 2" exact size) photograph with tape here. The picture shall have the printed name of the applicant on the reverse side. Licenses will not be issued without an identification photograph.	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 Worker 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 482-0905

Public Information Disclosure

Illinois Lead program

Complete this form if you want the Illinois Department of Public Health (Department) to release for public distribution, through freedom of information (FOI) request, internet listings, etc., your business and/or personal contact information.

Your option on the below authorizes this Department to publish your business address and telephone number and/or your personal address and telephone number on all IDPH listings.

Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from the release of the information authorized below.

I authorize the Illinois Department of Public Health to include my:

> (check only one box)
> ☐ Business address, telephone and fax number
>
> ☐ Personal address, telephone and fax number
>
> ☐ I do not wish to be listed on the Illinois Department of Public Health Listings

Last Name:		First Name:		MI:
Street Address:			Lead ID No:	
City:		State:	Zip Code:	
Phone:	County:			

Company Name:			
Street Address:			
City:		State:	Zip Code:
Phone:	Fax:	County:	

Print Name: _____

Signature: _____ Date: _____