THIRD PARTY EXAMINATION APPLICATION

Illinois Department of Public Health
Division of Environmental Health, Lead Abatement Program
525 W. Jefferson St., Springfield, IL 62761   (217)782-3517

Applicant Name _____ / _____ / _____
    Last   First   MI
Address _____ Apt#_____ City_____ State ____Zip_____

Phone (_____)_____ Date of Birth _____ SS# _____

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. **There is a $50 non-refundable examination fee for each discipline**. Enclose one check or money order that covers one or more examinations, payable to: <u>Illinois Department of Public Health</u>.   Employees of the Illinois Department of Public Health, delegate agencies, and local health departments are exempt from the examination fee.

☐ **Risk Assessor ($50)**   ☐ **Lead Inspector($50)**   ☐ **Lead Supervisor($50)**

Enter 1st and 2nd choices for examination dates and locations..

	Date of Examination	**Location of Examination (city)**
1st Choice		
2nd Choice		

If applying for more than one examination, enter 1st and 2nd choices for examination dates and locations below.

☐ **Risk Assessor ($50)**   ☐ **Lead Inspector($50)**   ☐ **Lead Supervisor($50)**

	Date of Examination	**Location of Examination (city)**
1st Choice		
2nd Choice		

To be eligible to take the third party examination, submit this application along with a license application for the appropriate discipline, required license fee, 1"x1" photo, course completion certificate from an Illinois approved training course provider. Education and experience requirements applicable to the particular discipline must also be met.

The applicant must pass the third party examination within six months from the date the Department approves the Third Party Application. If applicant fails the third party examination the first time, he/she is eligible to take the examination a maximum of two more times within the six months.

<u>A $50 non-refundable examination fee must be submitted each time the examination is taken.</u>

I hereby certify that the information submitted is true and valid, and I understand that the Illinois Department of Public Health may deny my application for knowingly making false or fraudulent claims.	**IMPORTANT NOTICE**
  _____ Signature of Applicant Date	This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Law PA 89-831. Disclosure of this information is mandatory. Failure to provide any information could result in the denial of the Third Party Examination. This form has been approved by the Forms Management Center. IL 482-0978