

# APPLICATION FOR THE ROOFING CONTRACTORS QUALIFYING PARTY EXAMINATION

FOR OFFICIAL USE ONLY

After carefully reading the Instruction Sheet, complete the following application. Type or print legibly with black ink only.

**PART I: Applicant Identifying Information - You must notify the Department of Financial and Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.**

1. NAME LAST FIRST MIDDLE				2. UNITED STATES SOCIAL SECURITY NO. _____ - _____ - _____		
3. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY				ZIP CODE		COUNTY
4. MAIDEN, GIVEN SURNAME, OR OTHER USED NAME(S)				5. MOTHER'S MAIDEN NAME		
6. PLACE OF BIRTH CITY STATE/COUNTRY		7. DATE OF BIRTH ____ / ____ / ____ Month Day Year		8. AGE		<input type="checkbox"/> Female <input type="checkbox"/> Male
9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____   Home: (____) _____ - _____ (Area Code)   (Area Code) FAX: (____) _____ - _____   FAX: (____) _____ - _____ (Area Code)   (Area Code)					10. E-MAIL ADDRESS(ES) [REQUIRED]	

**PART II: Examination - There are three separate types of examinations. Check the box of the type of examination for which you are applying and complete date and location. (See Reference Sheet for appropriate date and location.)**

<input checked="checked" type="checkbox"/>	TYPE OF EXAMINATION	DATE	LOCATION
<input type="checkbox"/>	Illinois Residential		
<input type="checkbox"/>	Illinois Residential, Commercial and Industrial		
<input type="checkbox"/>	Illinois Commercial and Industrial (This category is for individuals who already possess a Limited Roofing license and want to upgrade to an Unlimited Roofing license.)		

**PART III: Identify the name and address of the individual and roofing company where you intend to practice (if applicable).**

1. CONTRACTOR	2. ADDRESS OF CONTRACTOR BUSINESS (Include Street, City, and ZIP Code)
3. NAME OF CONTRACTOR BUSINESS	
4. LICENSE NUMBER OF CONTRACTOR BUSINESS <b>104-_____</b>	

NAME (Last, First, MI):  
SS#:  
Profession: ROOFING

PART IV: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART V: Child Support and/or State Tax Information (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b>  Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(NOTE: If you are not subject to a child support order, answer "no.")</i>
2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."  Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/>

**PART VI: Application Category Information**

**Check the box indicating the appropriate information regarding your application.**

Military     
  Military Spouse     
  Not Military     
  Decline to Answer

Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

**PART VII: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_

Signature of Applicant
Date

# INSTRUCTIONS

## ROOFING CONTRACTORS QUALIFYING PARTY EXAMINATION APPLICATION

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

Effective July 1, 2003, to apply for licensure as a roofing contractor under the provisions of the Illinois Roofing Industry Act, every roofing contractor applicant must designate a qualifying party who is required to take and pass a State examination.

**“Qualifying Party”** means: The individual filing as a sole proprietor, partner of a partnership, officer of a corporation, trustee of a business trust, or party of another legal entity, who is legally qualified to act for the business organization in all matters connected with its roofing contracting business, has the authority to supervise roofing installation operations, and is actively engaged in day to day activities of the business organization.

The Illinois Roofing Industry Act makes available two separate types of roofing contractor licenses-- limited roofing license and unlimited roofing license. **“Limited Roofing License”** means a license made available to contractors whose roofing business is limited to residential roofing, including residential properties consisting of 8 units or less. **“Unlimited Roofing License”** means a license made available to contractors whose roofing business is unlimited in nature and includes roofing on residential, commercial, and industrial properties.

To be scheduled for the qualifying party examination, you must complete and submit the attached Application for the Roofing Contractors Qualifying Party Examination (IL486-1921) along with the required examination fee, made payable to Continental Testing Services, Inc. The fee must be in the form of a certified check or money order. Forward this document and required fee to:

Continental Testing Services, Inc.  
P.O. Box 100  
LaGrange, Illinois 60525-0100; *or*

**Apply Directly On-Line.** Register for the examination by referring to the Continental Testing Web site ([www.continentaltesting.net](http://www.continentaltesting.net)) for information on how to apply for the examination on-line and pay the test fee by credit card.

If assistance is needed, direct your request to the following telephone number:

Continental Testing Services, Inc.: 708-354-9911  
Telecommunication Device for the Deaf: 1-800-869-1313

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

## REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and fees if prevailing circumstances necessitate such action.

### CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>EXAMINATION</u>	<u>PROFESSION CODE</u>	<u>TEST CODE</u>	<u>APPLICATION FEES</u>
Residential Roofing	105	01	\$226.00
Commercial and Industrial Roofing	105	02	\$226.00
Residential, Commercial and Industrial Roofing	105	03	\$226.00

**NOTE:** The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. The Test Fee must be in the form of a certified check or money order payable to Continental Testing Services, Inc. After successful completion of examination, you will be notified of the licensure fee. ***Fees are non-refundable.***

### CHART II - EXAMINATION DATES AND LOCATION

The roofing examination dates and locations can be referenced at [continentaltesting.net](http://continentaltesting.net). You can review the exam title, exam date, application filing deadlines, test center location and fee for the roofing examination you plan to take.

**NOTE:** Approximately two weeks prior to the examination you will be mailed an admission notice, along with other necessary instructions. If you have not received an admission notice ten days prior to the examination, make inquiry to Continental Testing Services: 708-354-9911.

***APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.***

**Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation**

**Application Checklist for Roofing Contractor Qualifying Party Examination**

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

<b>TWO-PAGE APPLICATION REVIEW</b>		<b>COMPLETED</b>
Part I.	Applicant Identifying Information	
Part II.	Examination -- Check the appropriate examinations	
Part III.	Identify the Roofing Contractor/Company you intend to work for	
Part IV.	Personal History Information	
Part V.	Child Support and/or State Tax Information	
Part VI.	Application Category Information	
Part VII.	Certifying Statement -- Signed and Dated	
<b>SUPPORTING DOCUMENTS</b>		<b>SUBMITTED</b>
Application Fee		

**All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.**