*** FEES ARE NOT REFUNDABLE *** Fee:

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 ____ ☐ Female ☐ Male

9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

Home: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

FAX: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

FAX: (__ __ __) __ __ __ – __ __ __ __ (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.)

☑	TYPE OF EXAMINATION	DATE	LOCATION
	Illinois Residential		
	Illinois Residential, Commercial and Industrial		
	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

104- _____

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

Packet Updated 1/19/21

NAME (Last, First, MI):

PART IV: Personal History Information *(This part must be completed by all applicants)*	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. *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.*		
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*		
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? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		
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? *If yes, attach a detailed explanation.*		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		

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. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☐
   (NOTE: If you are not subject to a child support order, answer "no.")

SS#:

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 ☐ No ☐

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.

Profession: ROOFING

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 _____