

INSTRUCTIONS

FOR MAKING APPLICATION UNDER PROVISIONS OF THE ILLINOIS ROOFING INDUSTRY LICENSING ACT

*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.*

Read all instructions carefully before you begin completing the application. Applications must be typed or printed clearly with black ink only. Application information which cannot be read will cause the application to be returned. If you are seeking to replace your current Roofing Contractor License with a new business entity and keep the same qualifying party, you will need to apply for a new Roofing Contractor License, then return the old license once the new license is issued. See the application for a statement in this regard.

1. Complete the Application for Licensure in its entirety.
Fee payment in the amount of **\$125** must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. ALL FEES ARE NOT REFUNDABLE.
2. If item number 8 has been answered "YES" you must submit one of the following:
 - a. Proof of worker's compensation insurance for roofing which must be in the form of a Certificate of Insurance from the insurance provider; **or**
 - b. If self-insured, proof must be in the form of the Certificate of Approval as a Self-Insurer issued by the Illinois Workers Compensation Commission; **or**
 - c. If business is located in another state, submit the out-of-state worker's compensation insurance form which must contain either 1) an all state endorsement clause; or 2) a clause stating that it will cover Illinois accidents, and benefits will be paid under Illinois Laws using the Illinois benefits schedule.
3. If item number 8 has been answered "YES," you must also submit:
 - a. A Statement of Account from the Illinois Department of Employment Security indicating **1)** your unemployment insurance account number and **2)** that you are not delinquent in the payment of any amount due under the Unemployment Insurance Act.
 - b. If business is located in another state, you must submit proof that you are paying unemployment insurance in the state where the business is located.
4. In item number 10, you **must** enter the designated qualifying party. This person must take and pass either the Illinois Residential Examination or the Illinois Residential, Commercial and Industrial Examination.

If at any time a licensee allows his/her license to lapse, or the qualifying party designated terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.
5. Supporting Document **RF-INS** must be properly completed and submitted. This is the only proof of liability and property damage insurance which will be accepted by this Department.
6. Supporting Document **BD-RF** must be properly submitted and completed by a bonding company licensed to do business within the State of Illinois.
7. If the ownership of the roofing business is a sole proprietorship the qualifying party must be the owner which would be identified in item 13.
8. If the ownership of the roofing business is a partnership, a copy of the Partnership Agreement must be submitted. If there is no formal Partnership Agreement, you must submit a written statement which states there is no formal Partnership Agreement. The statement must be signed by all partners.
9. If the ownership of the roofing business is a

(cont'd on p. 2)

Additional application forms can be downloaded from the IDFPF Web site at www.idfpr.illinois.gov

INSTRUCTIONS (cont'd)

corporation, you must submit a copy of the entire Articles of Incorporation as filed with the Illinois Secretary of State; or

If the corporation is located in another state, you must submit a copy of the Certificate of Authority to do Business in Illinois, as issued by the Illinois Secretary of State. Also include a filed copy of the Articles of Incorporation from the domiciled state.

10. If the ownership of the roofing business is a professional limited liability company (PLLC), you must submit a copy of the Articles of Organization as filed with the Illinois Secretary of State.

Note - the purpose clause must be specific to either limited (residential) roofing or unlimited (commercial, residential, and industrial) roofing.

If the PLLC is located in another state, you must submit a copy of the Application for Admission to Transact Business, as issued by the Illinois Secretary of State. Also include a copy of the filed Articles of Organization from the domiciled state.

11. Forward completed application, supporting documents and fee payment to:

Illinois Department of Financial
and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

If assistance in completing the application is needed, direct your request to 1-800-560-6420.

Limited 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

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.

Qualifying Party

You must designate a qualifying party. The "qualifying party" means the individual filing as a sole proprietor,

partner of a partnership, officer of a corporation, trustee of a business trust, or a 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 qualifying party shall be required to pass the examination within 3 years from the date of application or their fee will be forfeited and the applicant will be required to submit a new application and meet the requirements in effect at the time of reapplication.

No person shall be named as a qualifying party for more than one licensee. However, the person may act in the capacity of the qualifying party for one additional licensee of the same type of licensure if:

1. There is a common ownership of at least 25 percent of each licensed entity for which the person acts as a qualifying party; *or*
2. The same person acts as a qualifying party for one licensed entity and its licensed subsidiary.

"Subsidiary" means a corporation of which at least 25 percent is owned by another licensee.

When a qualifying party is terminated or is terminating his or her status as a qualifying party of a licensee, the qualifying party and the licensee shall notify the Department in writing of the termination within 30 business days. The licensee has 30 business days to notify the Department of a new qualifying party who must take and pass the examination. If the newly designated party has not passed the examination in 7 months, the licensee shall designate a qualifying party who has passed the examination.

REMINDER

Applicants applying for a license shall be required to designate a qualifying party who must take and pass the state unlimited or limited examination.

If at any time a licensee allows his/her license to lapse, or the qualifying party terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.

<h1 style="margin: 0;">Application for Licensure as a Roofing Contractor</h1>	<p>FOR OFFICIAL USE ONLY</p>
---	-------------------------------------

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is **REQUIRED**. Failure to comply will result in this form not being processed.

Carefully follow all steps outlined on the Instruction Sheet. In addition, note the following:

- a. Type or print legibly with black ink only.
- b. The registration fee is NOT refundable.
- c. "Disclosure of your social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification."

Are you seeking to replace your current Roofing Contractor License with a new business entity keeping the same qualifying party? If so, you will need to apply for a new Roofing Contractor License, then return the old license once the new license is issued. Yes No

Have you ever had a Roofing Contractor License issued to you by Illinois? Yes No
 If yes, indicate the License No.: 104- _____

PART I: Application Category Information

1. PROFESSION NAME ROOFING CONTRACTOR	2. PROFESSION CODE 1 0 4	3. LICENSURE METHOD NON-EXAM	4. FEE \$ 125	5. TYPE OF ROOFING CONTRACTOR <input type="checkbox"/> Limited Roofing License <input type="checkbox"/> Unlimited Roofing License
---	------------------------------------	--	-------------------------	---

PART II: Applicant Identifying Information

1. NAME OF ROOFING BUSINESS (Exactly as it is to appear on the License.)	2. FEIN NUMBER OR, IF INDIVIDUAL OWNERSHIP, UNITED STATES SOCIAL SECURITY NUMBER OF OWNER
3. ADDRESS OF BUSINESS HEADQUARTERS (Street, City, State, and Zip Code)	4. TYPE OF OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> PLLC
5. COUNTY	6. BUSINESS TELEPHONE NUMBER
7. TELEPHONE NUMBER OF QUALIFYING PARTY	8. DOES THIS ROOFING BUSINESS HAVE EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. E-MAIL ADDRESS(ES) [REQUIRED]	10. NAME AND ADDRESS OF PERSON DESIGNATED AS THE QUALIFYING PARTY
11. FAX #:	
12. ADDITIONAL LOCATION ADDRESSES AND TELEPHONE NUMBERS: (All branch locations must use the same name and license number as will appear on the license.)	

ADDRESS (Street, City, State, ZIP, and County)	BRANCH MANAGER	TELEPHONE NUMBER

Name of Roofing Business

FEIN or SS#:

Profession Name: ROOFING CONTRACTOR

13. IF OWNERSHIP IS A SOLE-PROPRIETORSHIP, LIST THE NAME AND ADDRESS OF THE QUALIFYING PARTY WHO MUST BE THE OWNER OF THE ROOFING BUSINESS.

Name	Address (Street, City, State, and Zip Code)	105 Number

14. IF OWNERSHIP IS A PARTNERSHIP, LIST NAME AND ADDRESS OF ALL PARTNERS.

Name	Address (Street, City, State, and Zip Code)	% of Ownership

15. IF OWNERSHIP IS A CORPORATION OR PROFESSIONAL LIMITED LIABILITY COMPANY, INDICATE THE NAME OF THE CORPORATION OR PROFESSIONAL LIMITED LIABILITY COMPANY.

16. IF OWNERSHIP IS A CORPORATION, LIST NAME, ADDRESS AND TITLE OF ALL OFFICERS AND DIRECTORS OF THE CORPORATION. IF THE OWNERSHIP IS A PROFESSIONAL LIMITED LIABILITY COMPANY, LIST THE NAME, ADDRESS, AND TITLE OF EACH MEMBER, ORGANIZER OR MANAGER.

Name	Address (Street, City, State, and Zip Code)	Title	% of Ownership

17. Is the name indicated in Part II, a fictitious name? Yes No
 If Yes, you must sign the following affidavit of compliance.

Definition of fictitious name: A fictitious name is any name other than an individual owner's legal name. Fictitious names for licensure purposes include, but are not limited to names such as John Doe Roofing and Siding, XYZ Roofing, B-2 Construction, etc.

Under the penalties of perjury, I declare that I have complied with all provisions of the Illinois Assumed Business Name Act.

_____ Date
 Signature of Person Making Application

PART III: 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; I am the person legally qualified to act for the business organization in all matters connected with its roofing contracting business; and I have the authority to supervise the roofing operations undertaken by this business organization.

_____ Date
 Signature of Person Making Application Print or Type Name of Person Making Application

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF INSURANCE

SUPPORTING DOCUMENT

RF-INS

Check appropriate box: Limited Roofing License Unlimited Roofing License

APPLICANT: Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure or renewal form. This is the only form which you need to submit if you are certifying to current insurance coverage after the expiration of a previously held policy.

1. NAME OF ROOFING CONTRACTOR (Must be exactly as it appears on application, renewal form or license.)

2. FEIN (If applicable)

3. SOCIAL SECURITY NUMBER (If individual owner)

_____ - _____ - _____

4. ADDRESS STREET, CITY, STATE, ZIP CODE (Specific Address of insured's location covered by insurance policy.) (Must be exactly as it appears on application, renewal form or license.)

5. NEW APPLICANTS ONLY

REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Roofing Contractor

Profession Name

1 0 4

Profession Code

6. TELEPHONE NUMBER (Where you can be reached during the day)

Area Code (_____) _____ - _____

7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY.

INDIVIDUAL LICENSE NUMBER - RECORD THE LICENSE NUMBER YOU HOLD (IF APPLICABLE).

104 - _____

I hold property damage insurance in at least the minimum amount of \$250,000 for each occurrence of property damage; and I hold liability insurance in at least the minimum amount of \$500,000 for each occurrence of personal injury or bodily harm. Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge, it is true, correct, and complete.

Signature of Applicant or Registrant

Date

INSURANCE COMPANY: Complete the following information and return this form to the insured party.

A. NAME OF INSURANCE COMPANY

B. NAME OF AUTHORIZED AGENCY

C. INSURANCE COMPANY HOME ADDRESS:
STREET, CITY, STATE, ZIP CODE

D. AGENT'S ADDRESS:
STREET, CITY, STATE, ZIP CODE

E. INSURED'S POLICY NUMBER

F. AGENT'S BUSINESS TELEPHONE NUMBER

Area Code (_____) _____ - _____

G. EFFECTIVE DATE OF POLICY

___/___/___
Month Day Year

H. EXPIRATION DATE OF POLICY

___/___/___
Month Day Year

If this Policy is terminated prior to its expiration, the Company agrees to give written notice to the Department of Financial and Professional Regulation, at least thirty (30) days prior to the effective date of cancellation.

Signature of Authorized Agent

Date

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>	<p>DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION</p> <p>BOND</p> <p>ROOFING CONTRACTOR</p>		<p>SUPPORTING DOCUMENT</p> <p>BD-RF</p> <p>Limited</p>
<p>FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER</p>	<p>ILLINOIS ROOFING CONTRACTOR LICENSE NUMBER (If applicable)</p> <p style="text-align: center;">104-</p>	<p>BOND NUMBER</p>	<p>TYPE OF TRANSACTION</p> <p><input type="checkbox"/> NEW APPLICATION</p> <p><input type="checkbox"/> RENEWAL</p>

KNOW ALL PERSONS BY THESE PRESENTS, that _____
 _____ Roofing Contractor (must be exactly as it appears on application or renewal)
 _____ of _____ County, Illinois,
 _____ (Actual Business Address) (must be exactly as it appears on application or renewal)
 as Principal, and _____
 _____ Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

 _____ (Address)

as Surety, are held and firmly bound unto the State of Illinois and to the People of the State of Illinois, in accordance with Section 3(2)(d) of the Illinois Roofing Industry Licensing Act in the aggregate amount of **Ten Thousand Dollars (\$10,000.00)**, (regardless of the number of years the bond is in force or the number of claims against the bond the total amount of the bond shall be for **\$10,000.00**), for the payment whereof will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that:

Whereas, the said Principal is licensed with the Department of Financial and Professional Regulation to engage in the business of roofing contracting in the State of Illinois, now if the said Principal shall faithfully observe all ordinances and laws of the State of Illinois and of any municipal corporation and county of this State, within which the Principal shall engage in any work, pertaining to said business or businesses, whether now or hereafter enacted, together with all rules, regulations and building codes established under the authority of said laws or ordinances; and pay damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, rules, regulations or building codes by said Principal, its servants or agents, or by reason of their negligence of said Principal, its servants or agents, in the prosecution of said business or businesses, then this bond to be void, otherwise to remain in full force and effect.

This bond is continuous and shall remain in full force and effect until the license is terminated or not renewed by the Department of Financial and Professional Regulation, or is canceled by the Surety as provided below. Except as to liability accruing prior to the effective date of cancellation, the Surety's liability of this bond shall be terminated sixty (60) days after receipt in writing by the Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786.

- *The BD-RF is required for the renewal to be processed.*

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at

_____, Illinois, on this _____ day of _____, _____.

 Surety's Agent

Surety Entity
 Seal

 Street Address

 City, State, ZIP Code

 Principal of Roofing Contractor

 Telephone Number

 Attorney-in-Fact

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION		SUPPORTING DOCUMENT
	BOND ROOFING CONTRACTOR		BD-RF Unlimited

FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER	ILLINOIS ROOFING CONTRACTOR LICENSE NUMBER (If applicable) 104-	BOND NUMBER	TYPE OF TRANSACTION <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL
--	---	-------------	---

KNOW ALL PERSONS BY THESE PRESENTS, that _____
 Roofing Contractor (must be exactly as it appears on application or renewal)
 _____ of _____ County, Illinois,
 (Actual Business Address) (must be exactly as it appears on application or renewal)
 as Principal, and _____
 Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

 (Address)

as Surety, are held and firmly bound unto the State of Illinois and to the People of the State of Illinois, in accordance with Section 3(2)(d) of the Illinois Roofing Industry Licensing Act in the aggregate amount of **Twenty-five Thousand Dollars (\$25,000.00)**, (regardless of the number of years the bond is in force or the number of claims against the bond the total amount of the bond shall be for **\$25,000.00**), for the payment whereof will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that:

Whereas, the said Principal is licensed with the Department of Financial and Professional Regulation to engage in the business of roofing contracting in the State of Illinois, now if the said Principal shall faithfully observe all ordinances and laws of the State of Illinois and of any municipal corporation and county of this State, within which the Principal shall engage in any work, pertaining to said business or businesses, whether now or hereafter enacted, together with all rules, regulations and building codes established under the authority of said laws or ordinances; and pay damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, rules, regulations or building codes by said Principal, its servants or agents, or by reason of their negligence of said Principal, its servants or agents, in the prosecution of said business or businesses, then this bond to be void, otherwise to remain in full force and effect.

This bond is continuous and shall remain in full force and effect until the license is terminated or not renewed by the Department of Financial and Professional Regulation, or is canceled by the Surety as provided below. Except as to liability accruing prior to the effective date of cancellation, the Surety's liability of this bond shall be terminated sixty (60) days after receipt in writing by the Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786.

- *The BD-RF is required for the renewal to be processed.*

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at _____, Illinois, on this _____ day of _____, _____.

Surety's Agent

Surety Entity
Seal

Street Address

City, State, ZIP Code

Principal of Roofing Contractor

Telephone Number

Attorney-in-Fact

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

Application Checklist for Roofing Contractor

*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!

TWO-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Certifying Statement	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
BD-RF Form--The appropriate BD-RF form must be completed by a bonding company. BD-RF limited is for residential roofing only and BD-RF unlimited is for both residential and commercial roofing.	
RF-INS Form--This document must be completed by the Insurance Company and must also be checked for appropriate designation (limited roofing or unlimited roofing license).	
ROOFING QUALIFYING PARTY --This document must be completed by the individual designated as the qualifying party. The qualifying party is the person responsible for the day-to-day activities of the roofing business and is also the person designated to take and pass the roofing examination.	
NOTIFICATION OF TERMINATION OF QUALIFYING PARTY --This document is to be completed by the Roofing Contractor should the qualifying party be terminated.	

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

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

ROOFING CONTRACTOR QUALIFYING PARTY

INSTRUCTIONS

*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.*

Applicants applying for a roofing contractor license shall be required to designate a qualifying party who must take and pass the state unlimited or limited examination.

If at any time a licensee allows his/her license to lapse, or the designated qualifying party terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.

Department of Financial and Professional Regulation
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

This notice, as well as other forms required for roofer contractors, can be downloaded from the IDFPF Web site at:
www.idfpr.illinois.gov

QUALIFYING PARTY INFORMATION

1. NAME OF QUALIFYING PARTY	2. SOCIAL SECURITY NUMBER
3. ADDRESS OF QUALIFYING PARTY	4. TELEPHONE NUMBER OF QUALIFYING PARTY

Signature of Qualifying Party: _____

ROOFING CONTRACTOR INFORMATION

1. NAME OF ROOFING BUSINESS	2. LICENSE NUMBER 104 - _____
3. NAME AND ADDRESS OF BUSINESS HEADQUARTERS (Street, City, State Zip Code)	4. BUSINESS TELEPHONE NUMBER (Include Area Code)
	5. FAX NUMBER (Include Area Code)
	6. E-MAIL ADDRESS:

Date to **begin** as Qualifying Party: _____

Signature of Qualifying Party: _____

Signature of Person in Charge of Roofing Business: _____

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

Notification of Termination of Qualifying Party (Roofing Contractor)

INSTRUCTIONS

This form is to be used for notifying the Department of termination of the Qualifying Party.

When a qualifying party is terminated or is terminating his or her status as a qualifying party of a licensed roofing contractor, the qualifying party and the licensed roofing contractor must notify the Department of the termination within 30 business days.

Applicants applying for a license on or after July 1, 2003, shall be required to designate a qualifying party who must take and pass the state unlimited or limited examination. Persons applying for a license prior to July 1, 2003, must designate a qualifying party and will not be required to take an examination.

If at any time after July 1, 2003, a licensee allows his/her license to lapse, or the qualifying party designated qualifying party terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.

Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

This notice, as well as other forms required for roofer contractors, can be downloaded from the IDFPR Web site at: www.idfpr.illinois.gov.

QUALIFYING PARTY INFORMATION

1. NAME OF PERSON TO BE TERMINATED AS QUALIFYING PARTY

2. SOCIAL SECURITY NUMBER

ROOFING CONTRACTOR INFORMATION

1. NAME OF ROOFING BUSINESS

2. LICENSE NUMBER

104 - _____

3. NAME AND ADDRESS OF BUSINESS HEADQUARTERS (Street, City, State Zip Code)

4. BUSINESS TELEPHONE NUMBER (Include Area Code)

5. FAX NUMBER (Include Area Code)

6. E-MAIL ADDRESS:

Date the above named person was terminated as Qualifying Party: _____

Signature of Person in Charge of Roofing Business: _____