



DIVISION OF BOILER & PRESSURE VESSEL SAFETY



Illinois Commission Application

I hereby apply for an Illinois Commission and certify that the statements below are correct.

Name (First, Middle, Last) _____

Present Address _____

City _____ State _____ Zip _____ Telephone _____

Birthplace: _____ Age _____ Date of Birth _____

Citizen _____ Naturalized _____

Email _____

Employed by _____

Employer's Address _____

City _____ State _____ Zip _____

Outline in detail the education and experience you have had that in your opinion, will enable you to qualify as an efficient and competent inspector.

Table with 3 columns: Name & Location of Institution, Years Attended, Degree. Title: EDUCATION

Table with 3 columns: Employer's Name, Period of Employment, Title. Title: BOILER SHOP OR INSTALLATION EXPERIENCE

Table with 3 columns: Employer's Name, Period of Employment, Title. Title: BOILER INSPECTION EXPERIENCE

Applicants must have at least three years' experience in the construction, maintenance, repair or operation of high pressure boilers as required in Section 2120.50 of the Illinois Boiler & Pressure Vessel Safety Rules. A letter from the employer shall accompany the application stating the applicant is in employ of the company. This letter should include any details regarding the employees experience, education and on the job training. A copy of the applicant's National Board Commission shall be included. The employer will be invoiced in the amount of \$40.00 after the application is processed. If you have any questions or concerns please email sfm.boilers@illinois.gov or call 217/782-2696.

I certify under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those immediately responsible for obtaining information, I affirm that the submitted information is, to the best of my knowledge and belief, true, accurate and complete.

Signature of Applicant



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL

JB Pritzker, Governor
James A. Rivera, State Fire Marshal

State of Illinois
Division of Boiler and Pressure Vessel Safety

Child Support Certification

Please print:

Facility Name: _____

Applicant's Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone #: _____

Certification

According to the Illinois Administrative Procedures Act, the Division of Boiler and Pressure Vessel Safety must require license holders and license applicants to certify their status regarding child support orders and payments. Please read the following statements and check the appropriate box:

"I hereby certify, under penalty of perjury, that (**only check one box**):

"I am not subject to a child support order."

"I am not more than 30 days delinquent in complying with a child support order."

"I am more than 30 days delinquent in complying with a child support order."

All license holders and all license applicants must complete this form. Failure to certify may result in denial of a license application, an application for license renewal, refusal to renew the license, or revocation of the license. Making a false statement on this form may subject the licensee or applicant to contempt of court [5 ILCS 100/10-65(c)]. This form shall be recertified prior to the issuance of a new license.

"I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: _____

Date: _____