

# INSTRUCTIONS

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

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.

1. Complete the Application for Licensure in its entirety. The fee payment which must be noted in Part I, number 4 is:  
  
\$100 if application is received by the Department between July 1 of odd numbered years to June 30 of even numbered years; OR  
  
\$50 if application is received by the Department between July 1 of even numbered years to June 30 of odd numbered years.  
  
Fee payment must be in the form of a check or money order made payable to the Illinois Department of Professional Regulation. ALL FEES ARE NOT REFUNDABLE.
2. If item number 9 has been answered "YES" you must submit one of the following:
  - a. Proof of worker's compensation insurance 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 Industrial 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 9 has been answered "YES," you must also submit one of the following:
  - a. Proof of Illinois Unemployment Insurance which must be in the form of a notarized copy of the quarterly report (Form U-C 1 or U-C 3) issued to the applicant by the Department of Employment Security, 555 South Pasfield, Springfield, Illinois 62704; or,
  - b. A notarized copy of the completed application submitted to the Department of Employment Security for the issuance of an employer identification number; or,
  - c. 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. 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.
5. Supporting Document **BD-RF** must be properly submitted and completed by a bonding company licensed to do business within the State of Illinois.
6. If the ownership of the roofing business is a partnership, you must submit a copy of the Partnership Agreement. If there is no formal Partnership Agreement, you must submit a written statement which says there is no formal Partnership Agreement. The statement must be signed by all partners.
7. If the ownership of the roofing business is a 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.
8. Forward completed application, supporting documents and fee payment to:  
  
Illinois Department of Professional Regulation  
320 W. Washington  
Springfield, Illinois 62786

If assistance in completing the application is needed, direct your request to 217/782-8556.

**IMPORTANT NOTICE**

Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed. This form has been approved by the Forms Management Center.

# Application for Licensure as a Roofing Contractor

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. 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."

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 <b>ROOFING CONTRACTOR</b>	2. PROFESSION CODE <b>104</b>	3. LICENSURE METHOD <b>NON-EXAM</b>	4. FEE <b>\$</b>
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## 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
5. COUNTY	7. BUSINESS TELEPHONE NUMBER
7. NAME OF PERSON IN CHARGE OF BUSINESS	8. TELEPHONE NUMBER OF PERSON IN CHARGE

9. Does this roofing business have employees?  Yes  No

10. 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



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# CERTIFICATION OF INSURANCE

SUPPORTING DOCUMENT

# RF-INS

**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.*

<b>1. NAME OF INSURED ROOFING BUSINESS</b> (Must be exactly as it appears on application, renewal form or license.)	<b>2. FEIN</b> (If applicable)	<b>3. SOCIAL SECURITY NUMBER</b> (If individual owner) _____ - _____ - _____
<b>4. ADDRESS STREET, CITY, STATE, ZIP CODE</b> (Specific Address of insured's location covered by insurance policy.)	<b>5. NEW APPLICANTS ONLY</b> REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <u>Roofing Contractor</u>  <small>Profession Name</small> </div> <div style="text-align: center;"> <u>1 0 4</u>  <small>Profession Code</small> </div> </div>	
<b>6. TELEPHONE NUMBER</b> (Where you can be reached during the day)  Area Code ( _____ ) _____ - _____	<b>7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY.</b> INDIVIDUAL LICENSE NUMBER - RECORD THE LICENSE NUMBER YOU HOLD (IF APPLICABLE).  <div style="text-align: center;"> <b>104 -</b> _____         </div>	

I hold property damage insurance in at least the minimum amount of \$100,000 for each occurrence of property damage; and I hold liability insurance in at least the minimum amount of \$300,000 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.

<b>A. NAME OF INSURANCE COMPANY</b>	<b>B. NAME OF AUTHORIZED AGENCY</b>
<b>C. INSURANCE COMPANY HOME ADDRESS:</b> STREET, CITY, STATE, ZIP CODE	<b>D. AGENT'S ADDRESS:</b> STREET, CITY, STATE, ZIP CODE
<b>E. INSURED'S POLICY NUMBER</b>	<b>F. AGENT'S BUSINESS TELEPHONE NUMBER</b>  Area Code ( _____ ) _____ - _____
<b>G. EFFECTIVE DATE OF POLICY</b>  ___ / ___ / ___ <small>Month Day Year</small>	<b>H. EXPIRATION DATE OF POLICY</b>  ___ / ___ / ___ <small>Month Day Year</small>

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

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

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DEPARTMENT OF PROFESSIONAL REGULATION  
**BOND  
ROOFING CONTRACTOR**

SUPPORTING DOCUMENT  
**BD-RF**

FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER

ILLINOIS ROOFING CONTRACTOR LICENSE NUMBER (If applicable)  
**104-**

BOND NUMBER

TYPE OF TRANSACTION  
 NEW APPLICATION  
 RENEWAL

**KNOW ALL PERSONS BY THESE PRESENTS**, that \_\_\_\_\_ (Roofing Contractor)  
\_\_\_\_\_ of \_\_\_\_\_ County, Illinois,  
(Office Address)  
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 the provisions of Public Act PA 89-0387, effective January 1, 1996, in the aggregate amount of Five Thousand Dollars (\$5,000.00), (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 \$5,000.00), 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 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 country of this State, within which the Principal shall engage in any work, pertaining to said business or business, 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.

Except as to liability accruing prior to the effective date of cancellation, the surety's liability of this bond shall be terminated thirty (30) days after receipt in writing by the Department of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786.

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

Corporation  
Seal

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Attorney-in-Fact