



2021 Plumbing Contractor Registration Form

Inspection Department

c/o Randy Schoolcraft, Plumbing Inspector

Mailing Address: PO Box #589 Normal, Illinois 61761

Phone: (309) 454-9581 or www.normal.org

Business Name _____

Business Address _____

City, State & Zip _____

Phone Number _____

Mobile Phone _____

E-Mail Address _____

State of Illinois Plumbing License I.D. Number _____

State of Illinois Plumbing Registration I.D. Number _____

State Cross Connection Control Device Inspector Number _____

Signature

Date

Please complete the above information and forward along with copies of;

- State of Illinois Plumbing License - (Wallet Card)
- State of Illinois Contractor (Registration Card)
- State of Illinois apprentice plumber license(s) (Wallet Card)
- CCCDI License if a holder

Randy Schoolcraft - #1 Uptown Circle Normal, IL 61761 (Mailing: PO Box #589)
Plumbing Inspector & Cross Connection Control Device Program Administrator
(309) 454-9584 or rschoolcraft@normal.org