



**Illinois Office of the State Fire Marshal
 Division of Boiler & Pressure Vessel Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259
 Phone: (217) 782-2696
 Fax: (217) 785-4184
 Email: sfm.boilers@illinois.gov**



Application for Boiler and Pressure Vessel Repairer License

In accordance with the Boiler and Pressure Vessel Safety Repairer Regulation Act [225 ILCS 203/1 et. seq.], no person shall act as a boiler and pressure vessel repairer or advertise or use any title implying that the person is engaged in the practice or occupation of boiler and pressure repair unless licensed by the State Fire Marshal under this Act.

All Applications for Boiler and Pressure Vessel Repair Licenses must be submitted to the Office of the State Fire Marshal, Division of Boiler Safety via email: sfm.boilers@illinois.gov or mail completed application to: **Office of the State Fire Marshal, Division of Boiler Safety, 1035 Stevenson Drive, Springfield, IL 62703**. The Office will invoice you the appropriate application fee. **Do not submit payment with application.** The Division of Boiler Safety will process Applications in the order they are received and shall issue the applicant a license upon receipt of payment or notify the applicant of the reason for the denial.

1. Type of License & Fee

- New \$300.00 Renewal \$150.00

2. Contractor Information

| | | |
|----------------------|---------------------|---------------------------|
| Name: | | License Number (renewal): |
| Address: | | |
| City/State/Zip Code: | | |
| Phone Number: | Fax Number: | |
| Email Address: | FEIN Number or SSN: | |

3. Type of Business

- Sole Proprietor Partnership Illinois Corporation Limited Liability Company (LLC)
 Limited Liability Partnership (LLP) Other _____
 Foreign Corporation: Name of State Incorporated: _____

4. Please submit the following along with this application

All business types:

- A valid Certificate of Authorization to use the 'R' symbol stamp issued by the National Board of Boiler and Pressure Vessel Inspectors.
- The name and address of all officers as defined in Section 2121.20 of the Boiler and Pressure Vessel Safety Repairer Regulations. The address shall be an actual street address and shall include City, State, and zip code. A post office box number is not acceptable.
- If an assumed name is to be used, a copy of the assumed name certificate.
- A certificate of insurance in the amount of \$300,000 to cover losses naming the Office of the State Fire Marshal, Division of Boiler Safety as a certificate holder.

Submit additional documentation below based on business type:

Corporations & LLC's

- The name and registered address of the corporation, and the name and address of the Registered Agent.
- A copy of the Articles of Incorporation/Organization bearing the seal of the officer in the jurisdiction in which the corporation is organized, whose duty it is to register corporations under the laws of that jurisdiction. (If renewing, a certificate of good standing from the Illinois Secretary of State may be submitted in lieu of the Articles)
- If it is a foreign corporation, a copy of the Certificate of Authority to transact business in the State of Illinois.

Limited Partnerships

- A letter of authority from the Secretary of State's Business Services Department.
- A listing of all limited partners.

Partnerships

- An application containing the name and business address of the partnership and the names and addresses of all general partners.
- An affidavit stating that the partnership has been formed legally.

5. Applicant Signature

I certify under penalty of perjury that the information contained herein and documents submitted herewith, are accurate, true and complete. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the licensing process.

Signature _____ Date _____

Print Name _____

Title _____

Phone Number _____

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.