



### Important information:

- ◆ ***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.***
- ◆ An application is active for three years from the date of receipt by the Department.
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.html>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.
- ◆ We highly recommend that you review the Act and Administrative Rules here: <https://idfpr.illinois.gov/profs/roof.html>

## ROOFING LICENSE TYPES

- ◆ **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

- ◆ **All roofing contractor applications 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 three (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 the 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 seven (7) months, the licensee shall designate a qualifying party who has passed the examination.

# QUALIFYING PARTY

Before completing the application, read these instructions as this will aid you in accurately completing your application and eliminate any delay in processing.

## Step I - FULLY COMPLETE THE APPLICATION

1. An incomplete or illegible application will be returned. Type or print in black ink.
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 your 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. A qualifying party is required for any roofing contractor license in Illinois.

***If at any time a licensee allows their license to lapse, or the designated qualifying party terminates or is terminated, or their status as qualifying party of a licensee is terminated, the licensee will be required to designate a new 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-LRF (limited) or BD-URF (unlimited), for either for initial or renewal application, must be properly completed and submitted by a bonding company licensed to do business within the State of Illinois. Do not change the language on the BD form you use.
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 corporation, you must submit a copy of the entire Articles of Incorporation as filed with the Illinois Secretary of State (IL SOS); 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 IL SOS. If a foreign company, also include a filed copy of the Articles of Incorporation from the domiciled state.
10. If the ownership of the roofing business is a limited liability company (LLC) or professional limited liability company (PLLC), you must submit a copy of the Articles of Organization as filed with the IL SOS (for Illinois based companies) or a copy of the Application for Admission to Transact Business (for companies located in another state). If a foreign company, also include a filed copy of the Articles of Incorporation from the domiciled state.

**The "purposes" section of your IL SOS application must include one of the two below samples:**

- 1) To provide limited roofing services, pursuant to the Illinois Roofing Industry Licensing Act.
- 2) To provide unlimited roofing services, pursuant to the Illinois Roofing Industry Licensing Act.

11. If at any time a licensee allows their license to lapse, or the qualifying party terminates or is terminated, or their 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.

## Step II - APPLICATION FEE

Payment of \$125.00 in the form of a U.S. check or money order made payable to IDFPR or payment online by visiting:  
<https://idfpr.illinois.gov/epay.html>.

## Step III - MAIL APPLICATION

Mail the application, fee (unless paying online), copies of the applicable BD form and RF-INS forms, and all applicable support documents as determined by your entity type to the address below.

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

## Step IV - WAIT

Please allow eight business weeks from applying before making an inquiry concerning its status.

◆ The license will expire on December 31st of each odd numbered year regardless of when it is issued.

## IMPORTANT ITEMS ONCE LICENSED

- ◆ The license will become INOPERABLE if there is no active qualifying party associated to the license. Operating without an active license is prohibited from performing or offering services until a replacement is submitted and processed.
- ◆ **Pursuant to 1460.10 (d) of the Rules:** A holder of a limited license who wants an unlimited license will be required to submit an application for an unlimited license in accordance with subsection (a)(2).
- ◆ **Pursuant to 1460.11 (d) of the Rules:** 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 Division in writing of the termination within 30 business days.
- ◆ **Pursuant to 1460.11 (e) of the Rules:** The licensee shall notify the Division in writing within 30 business days after the termination of a qualifying party and shall supply the name and address of the newly designated qualifying party. If the qualifying party has not taken and passed the examination set forth in Section 1460.12, or the party to be named was not named as a qualifying party on or before July 1, 2003 by some licensee, the new qualifying party shall apply for examination pursuant Section 1460.12. The qualifying party will have 7 months to pass the examination. If the qualifying party has not passed the examination in the 7 months, the licensee shall designate a qualifying party who has passed the examination.

# APPLICATION CHECKLIST

APPLICANT NAME: \_\_\_\_\_

All applicants must complete this checklist and return with the completed application. Check only what applies to you.

## ALL APPLICANTS TO REVIEW AND SUBMIT:

- A completed application.
- An application fee of \$125.
- BD-RF form. **The appropriate BD-RF form must be completed by a bonding company.** BD-LRF limited is for residential roofing only and BD-URF unlimited is for both residential and commercial roofing.
- RF-INS form. **Must be completed by the Insurance Company and must also be checked for appropriate designation (limited roofing or unlimited roofing license).**
- Roofing Qualifying Party. **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.**

## CORPORATION, LIMITED LIABILITY COMPANY or PROFESSIONAL LIMITED LIABILITY COMPANY:

- A copy of the approved FILED Articles of Incorporation, Certificate of Authority, or Articles of Organization/Operating Agreement submitted to the Illinois Secretary of State for authority to transact business in Illinois.
- If a foreign company, include a FILED copy of the Articles of Incorporation from the domiciled state.
- If applicable, submit a FILED copy of the application with the IL SOS to adopt an Assumed Name or Fictitious Name.

## GENERAL PARTNERSHIP:

- A copy of the signed and dated Partnership Agreement.
- A copy of the approved documentation from the County Clerk where the partnership has been filed.

## SOLE PROPRIETOR:

- A copy of the a letter from the County Clerk where the Assumed Name has been filed.

## NOTIFICATION OF TERMINATION OF QUALIFYING PARTY:

- This document is to be completed by the Roofing Contractor, should the qualifying party be terminated after the issuance of a license.

\_\_\_\_\_  
Signature of Firm Representative

\_\_\_\_\_  
Date

# Application for Licensure as a Roofing Contractor

**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 or ITIN, 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 <b>ROOFING CONTRACTOR</b>	2. PROFESSION CODE <b>1 0 4</b>	3. LICENSURE METHOD <b>NON-EXAM</b>	4. FEE <b>\$ 125</b>	5. TYPE OF ROOFING CONTRACTOR <input type="checkbox"/> Limited Roofing License <input type="checkbox"/> Unlimited Roofing License
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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 SSN or ITIN 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"/> LLC <input type="checkbox"/> PLLC	
5. COUNTY		6. BUSINESS TELEPHONE NUMBER	
7. LICENSE NUMBER OF DESIGNATED QUALIFYING PARTY		8. DOES THIS ROOFING BUSINESS HAVE EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. NAME AND ADDRESS OF DESIGNATED QUALIFYING PARTY		10. BUSINESS EMAIL ADDRESS(ES) [REQUIRED]	
11. <input type="checkbox"/> I CONSENT TO PROFESSIONAL ORGANIZATIONS HAVING MY EMAIL ADDRESS.			
12. ADDITIONAL LOCATION ADDRESSES AND TELEPHONE NUMBERS: (All branch locations must use the same name and license number issued to the licensee.)			
ADDRESS (Street, City, State, ZIP, and County)		BRANCH MANAGER	TELEPHONE NUMBER

Additional application forms can be downloaded from the IDFPD Web site at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov)

Name of Roofing Business:

FEIN or SS# or ITIN:

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)

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

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

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

16. Is the name indicated in Part II, an assumed or fictitious name?  Yes  No  
If Yes, you must sign the following affidavit of compliance.

Definition: An assumed or fictitious name is any name other than an individual owner's legal name. An assumed or 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.

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Date

17. DESIGNATED QUALIFYING PARTY INFORMATION

Name	Signature	Date to Begin as Qualifying Party

### PART III: Workers Compensation, Payment Options, and Business Organization Certification

Under penalties of perjury, I declare and certify 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.

In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations  Yes  No

#### Payment Method

Check / Money Order. Check Number: \_\_\_\_\_

Online. Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of \_\_\_\_\_. Approved #: \_\_\_\_\_

#### Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE.

\_\_\_\_\_  
Signature of Person Making Application

\_\_\_\_\_  
Print or Type Name of Person Making Application

\_\_\_\_\_  
Date

**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 <u>exactly</u> as it appears on application, renewal form or license.)	2. FEIN (If applicable)	3. SSN OR ITIN (If individual owner) ____ - ____ - _____
4. ADDRESS STREET, CITY, STATE, ZIP CODE (Specific Address of insured's location covered by insurance policy.) (Must be <u>exactly</u> 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.  <div style="display: flex; justify-content: space-around; 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>	
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).  <b>104</b> - _____	

I, the applicant, 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 certify and 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><b>BOND</b></p> <p><b>ROOFING CONTRACTOR</b></p>	<p>SUPPORTING DOCUMENT</p> <p><b>BD-LRF</b></p> <p><b>Limited</b></p>
<p>FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER OR ITIN</p>	<p>ILLINOIS ROOFING CONTRACTOR LICENSE NUMBER (If applicable)</p> <p style="text-align: center;"><b>104-</b></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-LRF is required for a new application or 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
	<b>BOND</b> <b>ROOFING CONTRACTOR</b>		<b>BD-URF</b> <b>Unlimited</b>

FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER OR ITIN	ILLINOIS ROOFING CONTRACTOR LICENSE NUMBER (If applicable)  <b>104-</b>	BOND NUMBER	TYPE OF TRANSACTION <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL
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**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-URF is required for a new application or 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



**TO TERMINATE AND APPOINT A NEW QUALIFYING PARTY TO AN EXISTING ROOFING LICENSE:**

1. Complete the form below.
2. E-Mail the above items to the Department at: **FPR.LMU@illinois.gov**

**GENERAL INFORMATION:**

- ◆ The Qualifying Party is the individual who is in Responsible Control for the respective roofing company in Illinois.
- ◆ When a qualifying party is terminated or is terminating their 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.
- ◆ At all times a licensee must have a corresponding qualifying party actively engaged in the day-to-day operations of the roofing business. If a licensee allows their license to lapse, or the qualifying party designated qualifying party terminates or is terminated, or their 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.
- ◆ 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.

<b>1. ROOFING COMPANY NAME</b>		<b>2. ROOFING LICENSE NUMBER XXX-XXXXXX</b>	
		104 -	
<b>3. ROOFING COMPANY MAILING ADDRESS</b>			
Street		City	State      Zip Code)
<b>4. ROOFING COMPANY E-MAIL ADDRESS (required)</b>		<b>5. ROOFING COMPANY PHONE NUMBER</b>	
<b>6. LICENSE NUMBER OF TERMINATED QUALIFYING PARTY XXX-XXXXXX</b>		<b>7. TERMINATED QUALIFYING PARTY NAME AS IT APPEARS ON LICENSE</b>	
105 -			
<b>8. REASON FOR THE CHANGE IN QUALIFYING PARTY</b>		<b>9. EFFECTIVE START DATE OF NEW QUALIFYING PARTY</b>	
<b>10. LICENSE NUMBER OF NEW QUALIFYING PARTY XXX-XXXXXX</b>		<b>11. NEW QUALIFYING PARTY NAME AS IT APPEARS ON LICENSE</b>	
105 -			
<b>12. QUALIFYING PARTY CERTIFICATION</b>			
I understand the Qualifying Party is the individual who is in Responsible Control for the respective roofing license in Illinois and agree to act as the Qualifying Party for the company listed above.			
_____		_____	
Signature		Date	
<b>DEPARTMENT STAMP USE ONLY:</b>		<b>QUESTIONS:</b>	
		Phone 800-560-6420	
		Email: <b>FPR.PSSUnit.Illinois.gov</b>	