

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.

## Notification of Termination of Qualifying Party (Roofing Contractor)

### INSTRUCTIONS

This form is to be used for notifying the Department of termination of the Qualifying Party.

When a qualifying party is terminated or is terminating his or her 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.

Applicants applying for a license on or after July 1, 2003, shall be required to designate a qualifying party who must take and pass the state unlimited or limited examination. Persons applying for a license prior to July 1, 2003, must designate a qualifying party and will not be required to take an examination.

If at any time after July 1, 2003, a licensee allows his/her license to lapse, or the qualifying party designated qualifying party terminates or is terminated, or his or her 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.

Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
320 West Washington Street, 3rd Floor  
Springfield, Illinois 62786

This notice, as well as other forms required for roofer contractors, can be downloaded from the IDFPR Web site at: [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov).

### QUALIFYING PARTY INFORMATION

1. NAME OF PERSON TO BE TERMINATED AS QUALIFYING PARTY

2. SOCIAL SECURITY NUMBER

### ROOFING CONTRACTOR INFORMATION

1. NAME OF ROOFING BUSINESS

2. LICENSE NUMBER

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3. NAME AND ADDRESS OF BUSINESS HEADQUARTERS (Street, City, State Zip Code)

4. BUSINESS TELEPHONE NUMBER (Include Area Code)

5. FAX NUMBER (Include Area Code)

6. E-MAIL ADDRESS:

Date the above named person was terminated as Qualifying Party: \_\_\_\_\_

Signature of Person in Charge of Roofing Business: \_\_\_\_\_