

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

PEACE OFFICER EMPLOYMENT VERIFICATION

SUPPORTING DOCUMENT

VE - PEC

Persons retired from a peace officer position* within 1 year of application are exempt from the fingerprint requirement for a permanent employment registration card (PERC). If you meet the conditions of a Peace Officer*, complete the applicant section of this form and forward it to the Law Enforcement Agency/Department for whom you worked for completion. After it is completed, return it to this Department in lieu of the fingerprint cards. The employing agency shall remain responsible for any peace officer employed under this exemption for a PERC, regardless if the peace officer is compensated as an employee or an independent contractor.

* Peace Officer means any person who by virtue of his/her office or public employment is vested by law with a duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers; agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal laws shall be considered peace officers.

APPLICANT SECTION:

1. LAST NAME:	FIRST NAME	MIDDLE NAME	2. DATE OF BIRTH
			____/____/____ Month Day Year
3. BADGE OR IDENTIFICATION NUMBER			3. US SOCIAL SECURITY NUMBER:
			____ - ____ - ____

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Name of Law Enforcement Agency / Department

Signature

Date

LAW ENFORCEMENT AGENCY SECTION:

Complete this section and return it for inclusion in the professional's license application.

A. NAME OF SUPERVISOR / PERSONNEL OFFICER:	B. NAME OF LAW ENFORCEMENT AGENCY OR DEPARTMENT
C. BUSINESS PHONE NUMBER	D. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
Area Code (____) _____	

E. Date Applicant Retired from Law Enforcement Agency / Department: ____/____/____
Month Day Year

I do hereby declare that the information I have recorded is true and correct.

PRINT NAME OF SUPERVISOR / PERSONNEL OFFICER

Signature

Date