

**INSTRUCTIONS FOR FILING AN APPLICATION FOR A CERTIFICATE TO  
CONDUCT AN AGENCY UNDER THE PRIVATE DETECTIVE, PRIVATE ALARM,  
PRIVATE SECURITY AND LOCKSMITH ACT**

*SOLE PROPRIETORSHIP ONLY*

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. Your individual license must be current.
3. Submit original assumed name document filed in the county where d/b/a is registered, if applicable.

*PARTNERSHIP ONLY*

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. ALL members must hold a current license in this State with the same profession prefix.

*CORPORATION ONLY*

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. Attach the following documents which correspond to your application:
  - A. Illinois Corporations—A copy of the Articles of Incorporation.
  - B. Foreign Corporations (Those incorporated outside of Illinois) — A copy of the Articles of Incorporation and a copy of the Application of Authority to conduct business in Illinois, as issued by the Illinois Secretary of State.
  - C. If a d/b/a is used, attach a copy of the assumed name document, as issued by the Illinois Secretary of State.
3. At least one officer or executive employee must hold a current certificate of registration in this State. The licensed officer or executive employee shall be responsible for the activities of the agency.

*LIMITED LIABILITY COMPANY*

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. Attach a copy of the Articles of Organization.
3. At least one officer or executive employee must hold a current certificate of registration in this State. The licensed officer or executive employee shall be responsible for the activities of the agency.

<p><b>IMPORTANT NOTICE:</b> Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is <b>REQUIRED</b>. Failure to provide any information will result in this form not being processed.</p>	<p>RETURN APPLICATION TO: STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: DIVISION OF PROFESSIONAL REGULATION P.O. Box 7007 Springfield Illinois 62791</p>	<p>FOR OFFICIAL USE ONLY</p> <hr/> <p>License Number Issued</p> <hr/> <p>Date License Issued</p>
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Type of Business: (Check One)

<input type="checkbox"/> Detective Agency - 117	<input type="checkbox"/> Security Contractor Agency - 122
<input type="checkbox"/> Alarm Contractor Agency - 127	<input type="checkbox"/> Locksmith Agency - 192

Have you ever made an application for an agency license?  Yes  No

FEIN No.: 

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1. NAME OF AGENCY—Print name exactly as you wish it to appear on any certificate issued	2. BUSINESS PHONE (Include Area Code)
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3. ADDRESS OF PRINCIPAL OFFICE IN ILLINOIS - Street, City, State, ZIP Code <b>AND</b> P.O. Box if available. (The P.O. Box by itself is not acceptable for Agency Address.)	4. NAME OF FULL-TIME LICENSEE IN CHARGE OF THIS AGENCY
	5. LICENSE NUMBER OF LICENSEE IN CHARGE

6. CHECK TYPE OF OWNERSHIP AND COMPLETE APPROPRIATE SECTION

Sole Proprietorship—Owner of Agency \_\_\_\_\_ License No. \_\_\_\_\_

PARTNERSHIP—List all names of the members. (If additional space is necessary, use an extra sheet of paper.)

Members	License Numbers
_____	_____
_____	_____

CORPORATION

Name of Corporation \_\_\_\_\_

Address of Corporation \_\_\_\_\_

Name(s)	License Number(s) (If Licensed)
President _____	_____
Vice President _____	_____
Secretary _____	_____
Treasurer _____	_____

LIMITED LIABILITY COMPANY - (If additional space is necessary, use an extra sheet of paper.)

Name of Limited Liability Company	Member(s)	License Number(s)
_____	_____	_____

Address \_\_\_\_\_

Under penalties of perjury, I declare 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 completed and the licensee-in-charge is a full-time executive employee or owner.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.