

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY . However, failure to comply may result in this form not being processed.	RETURN APPLICATION TO: STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: DIVISION OF PROFESSIONAL REGULATION 320 West Washington Street, 3rd Floor Springfield, Illinois 62786	FOR OFFICIAL USE ONLY _____ Approval Number _____ Approval Date
--	---	--

APPLICATION FOR REGISTRATION AS A FIREARM TRAINING INSTRUCTOR UNDER THE PROVISIONS OF THE PRIVATE DETECTIVE, PRIVATE ALARM, PRIVATE SECURITY AND LOCKSMITH ACT

INSTRUCTIONS

1. Disclosure of your U.S. social security number, 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 Illinois 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.
2. Submit one photograph, to be attached to application in the space provided.
3. Submit a copy of certification as a firearms instructor as checked in item 21 below.

1. NAME (Last Name, First Name, Middle Initial)		2. UNITED STATES SOCIAL SECURITY NUMBER: _____ - _____ - _____		
3. HOME STREET ADDRESS	4. CITY	5. COUNTY	6. STATE	7. ZIP CODE
8. BUSINESS ADDRESS	9. CITY	10. COUNTY	11. STATE	12. ZIP CODE
13. PLACE OF BIRTH - CITY, STATE		14. DATE OF BIRTH (Month/Day/Year)		15. AGE

16. HAVE YOU EVER BEEN LICENSED AS A PRIVATE DETECTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete items 17 and 18.</i>	17. STATE ISSUING LICENSE	18. LICENSE NUMBER
--	---------------------------	--------------------

19. Have you ever been convicted of ANY criminal offense, including a misdemeanor or a felony? Yes No
If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.

20. INSTRUCTOR EDUCATION

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE From _____ To _____	DATE OF GRADUATION
---------------------	---------------------------	---	--------------------

21. QUALIFICATIONS - *Check below the type of qualifications you have to meet the requirements. Submit verified proof of same.*

A.	Firearm instructor recognized and approved by the Illinois Police Training Board
B.	Firearm instructor recognized and approved by the National Rifle Association
C.	Other firearm instructor training

ATTACH RECENT PHOTOGRAPH HERE. DO NOT STAPLE USE TRANSPARENT TAPE TOP AND BOTTOM ONLY	STATE OF _____) COUNTY OF _____) <p style="text-align: center;">I hereby certify that I personally completed this application, and that the answers appearing hereon are true and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature (in full-use no initials)</p> <p>Subscribed and sworn before me this _____ day of _____, _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Notary Public</p> <p style="text-align: right;">NOTARY SEAL</p>
--	--