

INSTRUCTION SHEET

PRIVATE ALARM CONTRACTOR Examination ● Endorsement of License Restoration

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the INSTRUCTIONS as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised your license will expire on **May 31, 2011 and every three years thereafter.** You must be at least 21 years of age to apply.

- Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Application Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination.**
- Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination.** Your social security number is mandatory on the four-page application and on all supporting documents in this packet.
- Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on **PART I** (page one), of the **Application for Licensure and/or Examination** and follow those instructions only.

NOTE: a) All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

- b) Licenses will not be issued until security clearance is completed. See side two of the attached Reference Sheet (Security Clearance) for details on fingerprinting.

The security clearance requirement is waived for those applicants who submit supporting document VE-PEC, verifying their employment as a peace officer or their retirement from a peace officer position within one year of application. To order the VE-PEC form call 217/782-8556.

- c) **EXAMINATION APPLICANTS:** Upon successful completion of the Private Alarm Contractor Examination, each applicant must submit proof of at least \$1,000,000 liability insurance directly to the Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791. This proof must be submitted on Supporting Document **DE-INS.**

- Step 4. If needed, telephone numbers for assistance in completing the Application Package are provided on the **REFERENCE SHEET.**

EXAMINATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

NOTE: In order to maintain accurate records regarding all application submissions, it is requested that you also submit a copy of your social security card.

1. If you have ever been licensed as a private alarm contractor in other states, Supporting Document **CT** must be completed by the jurisdictions of licensure where you have been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board(s) to return completed form **CT** directly to you.
2. Submit Supporting Document **VE-SAC** attesting to three (3) years experience out of the five (5) years immediately preceding examination application as a full-time manager for a licensed private alarm contractor agency or for an entity that designs, sells, installs, services, or monitors alarm systems that satisfy the standards of alarm industry competence.
3. An individual who has received a 4-year degree or higher in electrical engineering or a related field from a program approved by the Board shall be given credit for 2 years of experience. Supporting document **ED** must be completed by a school official or have school seal affixed. If school has no seal, supporting document **ED** must be notarized.
4. An individual who has successfully completed a national certification program approved by the Board shall be given credit for 1 year of experience. A copy of the national certification program certificate must accompany the application as proof of successful completion of the program.
5. Applicant fee payment is indicated on the **REFERENCE SHEET (CHART II)**. Application fee payment must be in the form of a certified check or money order made payable to Continental Testing Services; *or*

Apply Directly On-Line. Register for the examination by referring to the Continental Testing Web site (www.continentaltesting.net) for information on how to apply for the examination on-line and pay the test fee by credit card.

6. Forward four-page application, supporting documentation and application fee to: Continental Testing Services, Inc., P.O. Box 100, LaGrange, Illinois 60525-0100; *or*

Apply Directly On-Line. Register for the examination by referring to the Continental Testing Web site (www.continentaltesting.net) for information on how to apply for the examination on-line and pay the test fee by credit card.

NOTE: Upon successful completion of the examination you may elect to defer issuance of your license and payment of the licensure fee for up to 6 years.

ENDORSEMENT OF LICENSE

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

NOTE: In order to maintain accurate records regarding all application submissions, it is requested that you also submit a copy of your social security card.

1. Supporting Document **CT** must be completed by the jurisdictions of licensure where you have been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board(s) to return completed form **CT** directly to you.
2. Supporting Document **ED** must be completed, if applicable, by a school official and **have school seal affixed**. If school has no seal, Supporting Document **ED** must be notarized.
3. Supporting Document **VE-SAC** must be completed to show proof of qualified professional work experience. This document will be reviewed to evaluate your professional work experience if the licensure requirements of the state(s) from which you are seeking endorsement are not equivalent to the endorsement requirements of the State of Illinois.
4. An applicant for licensure **MUST** submit proof of at least \$1,000,000 of liability insurance. This proof can be submitted on Supporting Document **DE-INS** and may be submitted AFTER notification that all other requirements for licensure have been satisfied.
5. Security clearance must be obtained before the license is issued. See the back of the reference sheet for instructions on this process.
6. Application fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Application fee payment must be in the form of a **check or money order** made payable to the Illinois Department of Financial and Professional Regulation.
7. Forward four-page application, supporting documentation, application fee, and security clearance documents to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

NOTE: You must submit a copy of the Acts and Rules from the states in which you have been issued a license in this profession. In each state for which this applies, you shall include a copy of the current statute as well as a copy of the statute in force at the time your original license was issued.

RESTORATION

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

IMPORTANT NOTICE: These Restoration Instructions apply only to those private alarm contractors whose licenses have been on inactive status, or in non-renewed status, for six or more years.

If your license has been inactive, or in non-renewed status, for less than six years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

To restore your Illinois private alarm contractor license which has been expired for more than six years, you must take and successfully pass the Private Alarm Contractor Licensure Examination.

1. Supporting Document **CT** must be completed by the jurisdictions of licensure where you have been practicing. You must direct the licensing agency/boards to return completed document **CT** directly to you.
2. Proof of \$1,000,000 liability insurance. This proof must be submitted on Supporting Document **DE-INS**, after successful passage of the examination.
3. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.
4. Submit copy of DD214 if restoring after military service.
5. Submit two (2) separate fees:
 - Test fee in the form of a certified check or money order made payable to Continental Testing Service. (See Reference Sheet.)
 - Application fee on the **RS** form made payable to the Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>Profession Name</u>	<u>Profession Code</u>	<u>Licensure Method</u>	<u>Application Fee</u>	<u>Application Fee after 7/01/10</u>
Private Alarm Contractor	124	Examination	\$288.40	\$291.40
Private Alarm Contractor	124	Endorsement of License	\$500.00	\$500.00
Private Alarm Contractor	124	Restoration	See Supporting Document	RS

***NOTE:** The examination and endorsement license categories above require SECURITY CLEARANCE. See the reverse side of this form for information regarding the fingerprint process.

CHART II - EXAMINATION CODES AND FEES

Complete the examination/licensure application and submit it, along with the examination test fee, to Continental Testing Service (CTS) where it will be screened for eligibility.

- ♦ Access and complete the examination application:
 - 1) via the internet at www.continentaltesting.net and pay the examination fee with a credit card (VISA or MasterCard); **or**
 - 2) in paper form by downloading the application:
 - from the Division of Professional Regulation's web site www.idfpr.com; **or**
 - from the CTS web site www.continentaltesting.net; **or**
 - call the Division at 217/782-8556 and request an application.

All paper applications must be accompanied by an examination fee in the form of a certified check or money order payable to Continental Testing Service.

***NOTE:** The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. After successful completion of examination, you will be notified of the licensure fee.

- ♦ Candidate Handbooks in electronic form are accessible on the CTS or the IDFPR web sites.

CHART III - EXAMINATION DATES AND LOCATION

<u>TEST DATES</u>	<u>APPLICATION FILING DEADLINES</u>	<u>AVAILABLE TEST CENTER</u>	<u>TEST CENTER CODE</u>
March 13, 2010	January 27, 2010	Chicago Area	1243
September 11, 2010	July 27, 2010	Chicago Area	1248
March 12, 2011	January 26, 2011	Chicago Area	1245

***NOTE:** Approximately two weeks prior to the examination you will be mailed an admission notice, along with other necessary instructions. If you have not received an admission notice ten days prior to the examination, make inquiry to Continental Testing Services: 708-354-9911.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

CHART IV - SCHOOL CODES

**NOT APPLICABLE FOR PRIVATE ALARM CONTRACTORS
ENTER N/A IN PART VII c) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION**

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods Except Examination 217-782-8556 Telecommunication Device for the Deaf (TDD) 217-524-6735 Please allow 3 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method Only 708-354-9911
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SECURITY CLEARANCE

Licenses will not be issued until security clearance is completed. The applicant must contact one of the vendors approved for electronic fingerprint processing by the Illinois State Police. (See "Livescan Certified Vendors" for a list of the approved vendors.)

Information regarding fees may be obtained from the respective vendor.



OUT-OF-STATE APPLICANTS

Once being ink and roll printed by a local police authority in any state, out-of-state applicants who are unable to schedule an appointment at an electronic fingerprint processing facility may submit a fingerprint card issued by the Illinois State Police and the appropriate fee to one of the designated vendors for electronic fingerprint processing listed above. With this method, the fingerprint card will be electronically scanned with the data being sent to the Illinois State Police and the FBI. You need to call the respective vendor to check on the processing fee for the fingerprint card.

A receipt substantiating proof of livescan printing issued by the vendor at the time of being fingerprinted or the **FP-DET** certifying fingerprint submission by an out-of-state applicant must be submitted to the Department or the Department's testing vendor along with the application for endorsement, examination, or restoration.

Refer to the application instructions for details regarding application submission.



The security clearance requirement is waived for those applicants who submit supporting document **VE-PEC**, verifying their employment as a peace officer or their retirement from a peace officer position within one year of application.

To order the **VE-PEC** form call 217-782-8556.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Licensed Private Alarm Contractor

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
ED Form with school seal affixed, if utilizing education as a part of the experience component	
VE-SAC Form	
Fingerprint Receipt (proof of electronic fingerprinting)	
FP-DET Form (verification of fingerprinting if residing outside of Illinois)	
DE-INS Form (proof of \$1,000,000 liability insurance)	
CT Form (from all states where practicing in this profession)	
Acts and Rules (for application by endorsement)	
Certificate from an approved National Certification Program (if applicable)	
RS Form (restoration method only)	
Copy of DD214 (if restoring from active military service)	
Proof of Name Change (if applicable)	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. 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.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD	4. FEE \$
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
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5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
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8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) ____ - ____ Home: (____) ____ - ____ (Area Code) (Area Code) Fax: (____) ____ - ____ Fax: (____) ____ - ____ (Area Code) (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [If available]
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NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Examination Coding Information (This part is for examination applicants only)																								
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:																								
a) CHART II - Select examination(s) you desire and enter Test Codes. <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																								
b) CHART III - Select the examination site you desire and enter Test Center Code: <table style="border: 1px solid black; display: inline-table; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> 																								
c) CHART IV - Find your School of Graduation and enter school code: <table style="border: 1px solid black; display: inline-table; width: 150px; height: 20px;"></table> 																								
d) Record the number of times you have taken this exam in Illinois or any other state: <table style="border: 1px solid black; display: inline-table; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> 																								

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(NOTE: If you are not subject to a child support order, answer "no.")</small></p>
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART IX: Certifying Statement
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 complete.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div> <p>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.</p>

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L		Print Name		Signature
		Title		Date
		Agency/Board Street Address		Area Code ()
		City, State, ZIP Code		Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, 20____.

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE - SAC

APPLICANT: *This form is to be completed if you are filing an application for a Private Security Contractor license based upon experience as a manager with a licensed private security contractor agency or if you are filing an application for a Private Alarm Contractor license based upon experience as a manager with a licensed private alarm contractor agency. Complete the applicant section of this form. Forward this form to the employer who will verify your employment. Verification must be completed by each employer; therefore, you are authorized to photocopy this form if necessary.*

1. NAME LAST FIRST MIDDLE _____ _____ _____	2. DATE OF BIRTH ___/___/___ Month Day Year	3. SOCIAL SECURITY NUMBER _____-_____-_____ - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE _____ _____ _____	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME _____	8. EMPLOYEE REGISTRATION NUMBER _____	
7. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year	8. EMPLOYEE REGISTRATION NUMBER _____	

EMPLOYER: *Complete the remainder of this form. RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.*

PART I - EMPLOYMENT INFORMATION	
A. NAME OF LICENSEE IN CHARGE _____	B. AGENCY NAME _____
C. LICENSE NUMBER OF LICENSEE IN CHARGE _____	D. AGENCY ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
E. AGENCY LICENSE NUMBER _____	F. AGENCY TELEPHONE NUMBER Area Code (___ ___ ___) _____ - _____

PART II - APPLICANT EMPLOYMENT INFORMATION	
A. APPLICANT JOB TITLE _____	B. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year
C. TIME IN TITLE ____ Years ____ Months	D. TYPE OF EMPLOYMENT [] Full-time [] Part-time
E. ANNUAL HOURS APPLICANT WORKED _____	
F. Did the applicant establish, to your satisfaction, honesty, truthfulness, integrity and competency? [] Yes [] No <i>If "No", please explain on the reverse side of this form.</i>	
G. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO MANAGERIAL EXPERIENCE. _____ _____ _____	

I do hereby declare that as licensee-in-charge and/or owner of the above listed agency that this information is true and correct to the best of my knowledge.

_____	_____
Print Name	Signature
_____	_____
Date	Title

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

FP-DET

APPLICANT: *This form must be completed by out-of-state residents unable to utilize the live scan process for fingerprinting in the State of Illinois. Attach this certifying statement with the Application for Licensure and/or Examination or with the Application for Permanent Employee Registration Card as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. Three digit profession code and profession name (Check one.) <input type="checkbox"/> 129 - Permanent Employee Registration <input type="checkbox"/> 115 - Private Detective <input type="checkbox"/> 119 - Private Security Contractor <input type="checkbox"/> 124 - Private Alarm Contractor <input type="checkbox"/> 191 - Locksmith	
6. MAIDEN OR GIVEN SURNAME		

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, _____, have submitted the required fingerprints pursuant to the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: _____

Signature: _____

Livescan Fingerprint Vendors
Certified by the Illinois State Police
Approved by the Department of Financial and Professional Regulation
Information regarding fees may be obtained from the respective vendor.

A Fingerprinting U S Photo	312/782-8144
Chicago, IL	www.fingerprintingchicago.com
Accurate Biometrics	866/361-9944
Chicago, IL	www.accuratebiometrics.com
AGB Investigative Services, Inc.	773/476-8310
Chicago, IL	www.agbinvestigative.com
American Heritage Protective Services	708/388-7900
Alsip, IL	www.apservices.com
Andy Frain Services, Inc.	630/820-3820, Ext. 13
Aurora, IL	www.andyfrain.com
Anthony's Mobile Fingerprinting, Inc.	312/474-6394
Chicago, IL	www.thefingerprintman.com
AP Private Detective & Security Agency, Ltd.	708/335-3500
Hazel Crest, IL	apprivatedetective@yahoo.com
Argus Services, Inc.	312/377-9441
Chicago, IL	rkurz@argus_services.com
Background Resources, Inc.	630/873-2270
Warrenville, IL	www.backgroundresources.com
Big River Investigations, Inc.	217/228-9114
Quincy, IL	www.bigriversinvestigations.com
Biometric Impressions	630/715-2760
Elmhurst, IL	www.biometricimpressions.com
Browder's Maximum Security Services, Inc.	312/225-7900
Chicago, IL	maxsec@sbcglobal.net
Bushue Human Resources, Inc.	217/342-3042
Effingham, IL	www.bushuehr.com
CLS Background Investigations	815/836-0236
Lockport, IL	www.cls-ent.com
DeKalb Police Department	815/748-8400
DeKalb, IL	www.cityofdekalb.com
Digby's Detective and Security Agency, Inc.	312/326-1100, Ext. 1045
Chicago, IL	www.digbysecurity.com
Fact Finders Group, Inc.	708/283-4200
Matteson, IL	www.factfindersgroup.com

Livescan Fingerprint Vendors (cont'd)
Certified by the Illinois State Police
Approved by the Department of Financial and Professional Regulation
Information regarding fees may be obtained from the respective vendor.

Futures in Rehab Management, Inc. (FIRM)	217/753-1190
Springfield, IL	www.verifyinc.com
InfoTrack	847/444-1177
Deerfield, IL	www.infotrackinc.com
Kevin W. McClain Inv., LTD	618/532-1152
Central City, IL	www.mcclaininvestigations.com
Kellerman Investigations	618/288-6662
Glen Carbon, IL	www.kellermaninvestigations.com
L-1 Enrollment Services	800/377-2080
Springfield, IL	www.l1enrollment.com
Meador Investigations	217/732-1585
Lincoln, IL	www.pi-pro.com
Merchants Police On-Line Security Systems	815/964-9900
Rockford, IL	www.merchantspolice.com
Official Fingerprint Provider	312/942-1200
Chicago, IL	www.official1.us
Per Mar Security	563/468-6744
Davenport, IA	www.permarsecurity.com
Rich Wooten & Associates	773/651-3826
Chicago, IL	rawooten@msn.com
Rockford Detective Agency, Inc.	815/282-2822
Loves Park, IL	rockforddetective.com
Security Training Solutions	618/257-9106
O'Fallon, IL	www.hamiltonsecurity.com
Sigma Security Services	773/779-5541
Chicago, IL	
The Security Professionals, Inc.	773/581-8181
Chicago, IL	www.secprosin.com
Trace Identity Services, Inc.	708/754-2900
Chicago Heights, IL	www.traceidentitysi.com
United Security Services, Inc.	312/922-8558
Chicago, IL	www.usesecurity.com