

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

AGENCY BRANCH OFFICE APPLICATION

INSTRUCTIONS

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Each branch office must have the same identical NAME as that of the agency shown in PART II, A below. A different name will require separate registration and a new Application for Registration, Agency Form (IL486-0473), must be submitted. 2. If the branch office is relocated, a new branch office license application must be submitted to the Division. 3. Carefully complete the information below. SPECIAL NOTE should be given to the areas designated for the Agency AS OPPOSED TO the Branch Office. FAILURE TO COMPLETE THE FORM PROPERLY WILL RESULT IN THE ISSUANCE OF AN INCORRECT BRANCH OFFICE REGISTRATION, and the agency will incur the cost of the production of a corrected registration. | <ol style="list-style-type: none"> 4. Post office numbers are not acceptable for a main office address OR a branch office address. 5. Each branch office application must be accompanied by a \$200 registration fee which is not refundable. Make checks payable to the Illinois Department of Financial and Professional Regulation. 6. Submit application and fee to:

 <div style="text-align: center;"> Illinois Department of Financial and Professional Regulation
 Attn: Division of Professional Regulation
 320 West Washington, 3rd Floor
 Springfield, IL 62786. </div> |
|--|---|

PART I: Application Category Information

A. PROFESSION NAME: <input type="checkbox"/> 118 - Detective Agency Branch Office <input type="checkbox"/> 123 - Security Contractor Agency Branch Office <input type="checkbox"/> 128 - Alarm Contractor Agency Branch Office <input type="checkbox"/> 193 - Locksmith Agency Branch Office	B. TYPE OF APPLICATION <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BRANCH LOCATION</div>
	C. FEE <div style="text-align: center; font-weight: bold; font-size: 1.2em;">\$200</div>

PART II: Identifying Information

A. AGENCY NAME (As it appears on Agency License)	B. HAVE YOU EVER MADE APPLICATION FOR A BRANCH OFFICE LICENSE? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
C. BRANCH OFFICE ADDRESS (Include Street Address, City, State, and ZIP Code - P.O. Box numbers are not acceptable)	D. AGENCY LICENSE NUMBER (117, 122, 127 or 192 Prefix)	
	E. BUSINESS TELEPHONE NUMBER (Include Area Code)	
F. COUNTY IN WHICH BRANCH OFFICE IS LOCATED	G. TYPE OF OWNERSHIP <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
H. NAME OF LICENSEE-IN-CHARGE	I. LICENSE NUMBER OF LICENSEE-IN-CHARGE	J. E-MAIL ADDRESS (REQUIRED)

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined this application, that the answers appearing herein are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

_____ Date

_____ Signature of Applicant

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 requested fee thereunder, but in no event shall such reduction be made in an amount greater than \$50.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.