

# INSTRUCTION SHEET

## PRIVATE ALARM CONTRACTOR

### ● Examination 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. Reference the page entitled **Important Notice / Criminal Background Check Information** 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 1-800-560-6420.

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.***

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 during the five (5) years immediately preceding the application working as a full-time manager for a licensed private alarm contractor agency or working for a government, one of the armed forces of the United States, or private entity that inspects, reviews, designs, sells, installs, operates, services, or monitors alarm systems that, in the judgment of the Board, satisfies 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 or a business degree from an accredited college or university 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. In lieu of the experience requirement in items 2 and 3 above, alternative experience may be accepted working as a full-time manager for a private alarm contractor agency licensed in another state or for a private alarm contractor agency in a state that does not license such agencies, if the experience is substantially equivalent to that gained working for an Illinois licensed private alarm contractor agency.
6. 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](http://www.continentaltesting.net)) for information on how to apply for the examination on-line and pay the test fee by credit card.

7. 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](http://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 3 years.

## 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 three or more years.

**If your license has been inactive, or in non-renewed status, for less than three years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 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 three years, you must submit proof of active practice in another jurisdiction; an affidavit attesting to military service; or 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 1-800-560-6420.
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, filing deadlines and fees  
if prevailing circumstances necessitate such action.

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

Profession Name	Profession Code	Licensure Method	Application Fee
Private Alarm Contractor	124	Examination	\$298.00
Private Alarm Contractor	124	Restoration	See Supporting Document <b>RS</b>

**\*NOTE:** The examination license category above requires SECURITY CLEARANCE. Reference the page entitled **Important Notice / Criminal Background Check Information** for details on fingerprinting.

## CHART II - EXAMINATION / APPLICATION

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](http://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](http://www.idfpr.com); **or**
    - from the CTS web site [www.continentaltesting.net](http://www.continentaltesting.net); **or**
    - call the Division at 1-800-560-6420 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 Study Guide in electronic form is accessible on the IDFPR web site.

## CHART III - EXAMINATION DATES AND LOCATION

TEST DATES	APPLICATION FILING DEADLINES	AVAILABLE TEST CENTER	TEST CENTER CODE
March 12, 2016	January 29, 2016	Chicago Area	1242
September 10, 2016	July 29, 2016	Chicago Area	1243

**\*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 <b>Except</b> Examination 1-800-560-6420 TTY: 1-866-325-4949  Please allow 3 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method <b>Only</b>  708-354-9911
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# IMPORTANT NOTICE

## CRIMINAL BACKGROUND CHECK INFORMATION

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. **Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.**

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://www.idfpr.com/FPVendor.asp>. The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:
  - Obtain one (1) Illinois State Police (ISP) Fee Applicant Card for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at [www.idfpr.com](http://www.idfpr.com). The ISP will transmit electronic results of the fingerprint processing to the Department.
  - Complete Section 1 of the **Identity Verification Certifying Statement** form.
  - The Fee Applicant Card shall be taken to a police department in **another state** to obtain classifiable prints.
  - Section 2 of the **Identity Verification Certifying Statement** shall be completed and signed by the police department.
  - Go to [www.idfpr.com](http://www.idfpr.com) to select a licensed fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".
  - Mail the original **Identity Verification Certifying Statement** (with Sections 1 and 2 completed), Fee Applicant card and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
  - Mail the completed application, licensing fee and a copy of the **Identity Verification Certifying Statement** (with Sections 1 and 2 completed) to the Division of Professional Regulation.

## PRIVACY STATEMENT

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

# 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	
<b>ED</b> Form with school seal affixed, if utilizing education as a part of the experience component	
<b>VE-SAC</b> Form	
Fingerprint Receipt (proof of electronic fingerprinting)	
<b>DE-INS</b> Form (proof of \$1,000,000 liability insurance)	
<b>CT</b> Form (from all states where practicing in this profession)	
Acts and Rules (for application by endorsement)	
<b>Certificate from an approved National Certification Program</b> (if applicable)	
<b>RS</b> Form (restoration method only)	
Copy of <b>DD214</b> (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.**





**NAME (Last, First, MI):**

**SS#:**

**Profession:**

<b>PART III: Education Information</b>				
1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">1</span><span style="margin-right: 5px;">2</span><span style="margin-right: 5px;">3</span><span style="margin-right: 5px;">4</span><span style="margin-right: 5px;">5</span><span style="margin-right: 5px;">6</span><span style="margin-right: 5px;">7</span><span style="margin-right: 5px;">8</span><span style="margin-right: 5px;">9</span><span style="margin-right: 5px;">10</span><span style="margin-right: 5px;">11</span><span style="margin-right: 5px;">12</span> </div> <div style="text-align: center;">                         Graduated High School?    <input type="checkbox"/> Yes   <input type="checkbox"/> No                     </div> <div style="text-align: center;">                         Received OR G.E.D.?    <input type="checkbox"/> Yes   <input type="checkbox"/> No                     </div> </div>				
2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION <div style="display: flex; justify-content: space-between; align-items: center;"> <span>____ / ____</span> <span>____</span> </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small;"> <span>Month</span> <span>Year</span> </div>		
5. COLLEGE OR UNIVERSITY (Circle number of years completed) 1 2 3 4 5 6 7 8                      Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	
7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)				
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**NAME (Last, First, MI):**

**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.)*

**SS#:**

**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.)*

**Profession:**

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
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. Do you now have any disease or condition that presently limits 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? <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. 


b) CHART III - Select the examination site you desire and enter Test Center Code: 

--	--	--	--	--

c) CHART IV - Find your School of Graduation and enter school code: 

--	--	--	--	--	--	--	--	--	--

d) Record the number of times you have taken this exam in Illinois or any other state: 

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**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

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.**  
 Are you more than 30 days delinquent in complying with a child support order? Yes  No   
*(NOTE: If you are not subject to a child support order, answer "no.")*

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.)  
 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  No

**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.

\_\_\_\_\_  
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.

**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.

## CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

# CT

**FOR EXAM USE ONLY**

**APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.**

<p>1. NAME      LAST                  FIRST                  MIDDLE</p> <p>_____ / _____ / _____  <small>Month      Day                  Year</small></p>	<p>2. DATE OF BIRTH</p>	<p>3. SOCIAL SECURITY NUMBER</p> <p>_____-_____-_____-</p>
<p>4. ADDRESS    STREET, CITY, STATE, ZIP CODE</p> <p>_____</p>	<p>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</p> <p style="text-align: center;">_____                          _____  <small>Profession Name                          Profession Code</small></p>	
<p>6. MAIDEN OR GIVEN SURNAME</p> <p>_____</p>	<p>7. APPLICANT TELEPHONE NUMBER (Daytime)</p> <p>Area Code ( _____ ) _____-_____</p>	
<p>8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)</p> <p>_____</p>	<p>8b. LICENSE NUMBER (If applicable)</p> <p>_____</p>	<p>8c. ISSUANCE DATE OF LICENSE (If applicable)</p> <p>_____</p>

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 Licensing Agency or Board

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RETURN COMPLETED FORM TO APPLICANT

**LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.**

**PART I - CERTIFICATION OF EXAMINATION STATUS**

A. The applicant  has written  is scheduled to write the following examination:

\_\_\_\_\_    \_\_\_\_\_  
Name of Examination    Date of Examination

B. The applicant has or will have written the above-named examination \_\_\_\_\_ number of times.

**PART II - CERTIFICATION OF LICENSURE**

<p>A. NAME OF PROFESSION AS IT APPEARS ON LICENSE</p> <p>_____</p>	<p>B. LICENSE NUMBER</p> <p>_____</p>												
<p>C. ISSUANCE DATE OF LICENSE</p> <p>_____</p>	<p>D. EXPIRATION DATE OF LICENSE</p> <p>_____</p>												
<p>E. LICENSURE METHOD</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Examination (Administered in Your State)  <input type="checkbox"/> National (Name) _____  <input type="checkbox"/> State Constructed _____  <input type="checkbox"/> Other (Name) _____  <input type="checkbox"/> Endorsement of License (State) _____                  Acceptance of Examination Results _____                  (Administered in Another State)             </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Reciprocity with (State) _____  <input type="checkbox"/> Waiver/Grandfather  <input type="checkbox"/> Credentials  <input type="checkbox"/> Other (Describe) _____             </td> </tr> </table>		<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____										
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____												
<p>F. CURRENT LICENSURE STATUS</p> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	<p>G. IF LICENSED BY EXAMINATION, RECORD SCORES</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Type of Examination</td> <td style="width: 30%;">Score</td> </tr> <tr> <td>Written</td> <td>_____</td> </tr> <tr> <td>Practical</td> <td>_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td>_____</td> </tr> <tr> <td colspan="2">Received no Grade Below _____</td> </tr> <tr> <td colspan="2">Examination Period _____ days _____ hours</td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below _____		Examination Period _____ days _____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____	_____												
Received no Grade Below _____													
Examination Period _____ days _____ hours													

**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.

SEAL

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Agency/Board Street Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Area Code (     ) \_\_\_\_\_

Telephone Number

**ATTENTION APPLICANT--RETURN EXAM CT TO:**

**Continental Testing Services, Inc.  
P.O. Box 100  
LaGrange, Illinois 60525-0100**



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**

**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 full-time 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 full-time manager with a licensed private alarm contractor agency, government, one of the armed forces of the United States, or private entity. 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.  _____ <div style="display: flex; justify-content: space-between;"> <span>Profession Name</span> <span>Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME  _____	8. PERC NUMBER (if applicable)  <div style="text-align: center; font-weight: bold;">129 -</div> _____	
7. DATES OF EMPLOYMENT  From ____/____/____    To ____/____/____ Month    Day        Year                    Month    Day        Year		

**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/SUPERVISOR	B. AGENCY/ENTITY NAME
C. LICENSE NUMBER OF LICENSEE IN CHARGE (if applicable)	D. AGENCY/ENTITY ADDRESS (STREET, CITY, STATE, ZIP CODE)
E. AGENCY LICENSE NUMBER (if applicable)	F. AGENCY/ENTITY 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  
If "No", please explain on the reverse side of this form.

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/entity 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. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

# CERTIFICATE OF INSURANCE

SUPPORTING DOCUMENT

# DE-INS

**APPLICANT: Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure or renewal form. Insurance must be in the name of the individual license holder. The comprehensive, commercial general liability insurance must be in the name of the individual licensee.**

1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.)	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license)	5. NEW APPLICANTS ONLY REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  <div style="display: flex; justify-content: space-between;"> <span>_____ Profession Name</span> <span>____ Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME	7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY -- Record each individual license number you hold under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.  <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">115 - _____</div> <div style="margin-bottom: 5px;">119 - _____</div> <div style="margin-bottom: 5px;">124 - _____</div> <div style="margin-bottom: 5px;">191 - _____</div> </div>	
8. TELEPHONE NUMBER (where you can be reached during the day-time)  Area Code ( _____ ) _____ - _____		

Under penalties of perjury, I declare that I have examined the policy and this completed form and to the best of my knowledge, the statement is true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant/Licensee

\_\_\_\_\_  
Date

**INSURANCE COMPANY/INSURANCE PRODUCER: Complete the following information and return the form to the applicant licensed under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.**

A. NAME OF INSURANCE COMPANY	B. NAME OF AUTHORIZED AGENCY/PRODUCER	
C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE	D. NAME AND ADDRESS OF AGENT'S BUSINESS: STREET, CITY, STATE, ZIP CODE	
E. INSURED'S POLICY NUMBER	F. TITLE OR TYPE OF POLICY	
G. AGENT'S BUSINESS TELEPHONE NUMBER  Area Code ( _____ ) _____ - _____	H. EFFECTIVE DATE OF POLICY ____ / ____ / ____ Month Day Year	I. EXPIRATION DATE OF POLICY ____ / ____ / ____ Month Day Year

The comprehensive commercial general liability insurance policy, with proof of a minimum of \$1,000,000 of liability insurance, must include coverage for bodily injury liability, property damage and personal injury. If the licensee carries a firearm in the course of duty, coverage must extend to claims for injury or damage resulting from the use of firearms while acting in the course of employment. Additionally, if the licensee serves as the licensee in charge of an agency, and the licensee in charge of that agency permits anyone associated with it to carry a firearm, then coverage must extend to claims for injury or damage resulting from the employee's use of firearms while acting in the course of employment. Under penalties of perjury, I declare that I am an authorized agent of the above insurance company; I have examined the policy referenced above and this application, and to the best of my knowledge, the policy meets the requirements and provides liability coverage for the licensee's operations in the State of Illinois and statements made here are true, correct and complete. If this policy is terminated prior to expiration, the insurer agrees to provide written notice to the Department of Financial and Professional Regulation thirty (30) days prior to cancellation.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

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 <input type="checkbox"/> 249 - Fingerprint Vendor
6. MAIDEN OR GIVEN SURNAME	

As of January 1, 2014 all electronic fingerprint submissions to the Illinois State Police shall contain a photograph and verification that the person being fingerprinted is the same as the data being submitted for the demographics contained in the submission.

For out of state fingerprint submissions, the applicant shall provide proof of identity to the entity scanning the fingerprints to include your driver's license or other government issued ID.

The entity scanning your fingerprints shall document your identity in the statement below. This completed form shall be submitted with your application to the Illinois Division of Professional Regulation.

Date Prints Taken: \_\_\_\_\_ TCN: \_\_\_\_\_

ORI: \_\_\_\_\_ Agency submitting prints: \_\_\_\_\_

I have compared the government-issued identification presented by the applicant and attest that to my best determination I have fingerprinted the same person.

Printing Agent Name: \_\_\_\_\_ Printing Agent Signature \_\_\_\_\_