

APPLICATION FOR FIREARM CONTROL CARD FOR PROPRIETARY SECURITY PERSONNEL

INSTRUCTIONS

EXEMPTIONS: *A peace officer as defined in the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act is exempt from the requirements relating to the possession of a firearm control card. The employing agency shall remain responsible for any peace officer employed under this exemption.*

A person employed as an armed security guard at a nuclear energy, storage, weapons, or development site or facility regulated by the Nuclear Regulatory Commission who has completed the background screening and training mandated by the rules and regulations of the Nuclear Regulatory Commission is exempt from registration for a firearm control card.

1. Please type or print.
2. This form must be submitted by the Proprietary Security Force on behalf of the armed employee.
3. Applicant must be at least 21 years of age to apply for a firearm control card.
4. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. 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.
5. Applicant must have a verifiable firearm training number (see item 5 of applicant section) to be eligible for firearm control card. The 40-hour firearm training course must have been completed within 2 years preceding this application, or employee must show proof of requalification within the last year.
6. A \$75 processing fee, made payable to the Department of Financial and Professional Regulation must accompany this application. There will be a \$45 triennial fee required for renewal of this card. All fees are non-refundable.
7. The firearm control card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Department by the employer. The firearm control card will expire on the date specified on the face of the card.
8. If an answer to number 9 a-d is "Yes," please attach a separate sheet with a written explanation identifying the circumstances.
9. The child support statement and the state tax statement must be answered as they apply.
10. Each guard listed on the Proprietary Security Force application will need to have their fingerprints scanned prior to submission of this application. Reference the page entitled **Important Notice / Criminal Background Check Information** for details on fingerprinting. If retired as a peace officer within one year of application submit a VE-PEC form to waive the fingerprint requirement. The VE-PEC can be obtained by calling the Division Call Center at 1-800-560-6420. Attach the receipt from the fingerprint vendor to this application.
11. Send application and fee to:
Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

APPLICATION FOR FIREARM CONTROL CARD FOR PROPRIETARY SECURITY PERSONNEL

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Effective July 13, 2012, submit a non-refundable fee of \$75 made payable to IDFP. Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Employer Registration NO. - This box to be completed by the Department of Financial and Professional Regulation: **120-** _____

THIS SECTION TO BE COMPLETED BY APPLICANT

1. NAME OF EMPLOYEE TO WHICH CARD WILL BE ISSUE (Last, First, Middle Initial)	2. UNITED STATES SOCIAL SECURITY NUMBER	3. F.O.I. NUMBER (You must attach a legible photocopy of active F.O.I.D. card.)
4. HOME ADDRESS OF EMPLOYEE (Street, City, State, ZIP Code)	5. FIREARM TRAINING NUMBER 230- _____	6. E-MAIL ADDRESS (REQUIRED)
7. PERSONAL DATA <i>(It is important that you use the specific codes listed on side 2 of this form to complete this section. Please reference the instructions on the reverse side.)</i> A. Height: _____ E. Eye Color: _____ B. Weight: _____ F. Race: _____ C. Date of Birth: _____ G. Sex: _____ D. Hair Color: _____	8. I have been trained on the following weapon(s): Type: _____ Last Qualification Date (M/D/Y) _____ <input type="checkbox"/> Revolver _____ / _____ / _____ <input type="checkbox"/> Semi-automatic _____ / _____ / _____ <input type="checkbox"/> Shotgun _____ / _____ / _____ <input type="checkbox"/> Rifle _____ / _____ / _____	

9. PERSONAL HISTORY

a. Have you ever had an Illinois license or registration disciplined based upon a violation of the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act or administrative rule? Yes No
 If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.

b. 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. *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.* Yes No

c. 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? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.* Yes No

d. Have you ever been dishonorably discharged from the armed services or from a city, country, state or federal position? *If yes, attach explanation.* Yes No

10. 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.")

11. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

 Are you delinquent in the filing of state taxes? Yes No

I hereby certify that the above information is true and correct to the best of my knowledge and belief and that I am an employee of the below named Proprietary Security Force.

Signature of Employee: _____ Date: _____

THE EMPLOYER MUST COMPLETE PAGE 2

THIS SECTION TO BE COMPLETED BY EMPLOYER

1. BUSINESS NAME OF PROPRIETARY SECURITY FORCE	2. TYPE OF PROPRIETARY SECURITY FORCE <input type="checkbox"/> A. Commercial/Industrial Firm <input type="checkbox"/> B. Financial Institution	
3. ADDRESS OF PROPRIETARY SECURITY FORCE (Street, City, State, ZIP Code)	4. REGISTRATION NUMBER 120-	5. BUSINESS TELEPHONE NUMBER (____) ____-____

6. E-MAIL ADDRESS OF SECURITY DIRECTOR (REQUIRED)

Signature of the Director of Security: _____ 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.

**INSTRUCTIONS FOR ABBREVIATIONS OF PERSONAL DATA
FOR BOX 7 ON PAGE 1 OF THE APPLICATION**

A. HEIGHT

Express in feet and inches respectively.
(Do not use fractions of an inch; round off to the nearest inch.)

Example: 5'11": 511
 6'0": 600
 70": 510

B. WEIGHT

Express in pounds.
(Do not use fractions of a pound; round off to the nearest pound.)

Example: 94 lbs: 094
 186 lbs: 186

C. DATE OF BIRTH

Month/Day/Year

D. HAIR COLOR

*Bald	BAL
Black	BLK
Blond or Strawberry	BLN
Brown	BRO
Gray or Partially Gray	GRY
Red or Auburn	RED
Sandy	SDY
White	WHI

*Bald (BAL) is to be used when subject has lost most of the hair on his head or is hairless.

E. EYE COLOR

Black	BLK	Green	GRN
Blue	BLU	Hazel	HAZ
Brown	BRO	Maroon	MAR
Gray	GRY	Pink	PNK

F. RACE

White	W
Black	B
Asian/Pacific Islander	A
American Indian/Alaskan	I
Unknown	U

G. SEX

Male	M
Female	F

NAME (Last, First, MI):

SS#:

Profession:

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.illinois.gov/LicenseLookUp/fingerprintlist.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.illinois.gov. 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.illinois.gov 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.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 447/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is **REQUIRED**. Failure to provide this information could result in a penalty as outlined in said Act.

RETURN TO:

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
ATTN: DIVISION OF PROFESSIONAL REGULATION
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

CARD TERMINATION

- Upon termination, for any reason, of the employment of the individual to whom card marked below has been issued, it is the responsibility of the licensee-in-charge or security director to return the card to the Department. The card must be returned within 72 hours of such termination.
- To return the card, Section I of this form must be completed, the card must be attached to the form and mailed to the Department at the address shown at the top of this form.
- If the card cannot be obtained for return to the Department, Section II of this form **MUST** be completed and submitted to the Department within 72 hours of termination of the individual's employment.
- Failure to comply with these requirements is grounds for discipline of the license of the licensee-in-charge for agencies licensed by this Department.

Check the box below that pertains to the card being returned for the employee listed on the form:

CANINE HANDLER AUTHORIZATION CARD

FIREARM CONTROL CARD

CANINE TRAINER AUTHORIZATION CARD

SECTION I--PERTAINS TO CARD WHICH HAS BEEN RETURNED (ATTACH CARD TO FORM)

1. EMPLOYEE NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER ____ - ____ - ____
3. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - _____ CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - _____ FIREARM CONTROL CARD NUMBER 229 - _____	4. DATE OF EMPLOYEE'S TERMINATION ____ / ____ / ____ Month Day Year

I attest that the above-named employee left the employment of this agency or Proprietary Security Force as indicated and I am hereby returning the card marked above issued to said individual.

Signature _____
Licensee-in-Charge or Security Director

Name of Agency or Proprietary Security Force

License Number of Licensee-in-Charge
(Not Applicable for Proprietary Security Force)

License Number of Agency or Registration Number
of Proprietary Security Force

SECTION II--PERTAINS TO CARD WHICH HAS NOT BEEN RETURNED

A. EMPLOYEE NAME (Last, First, Middle Initial)	B. SOCIAL SECURITY NUMBER ____ - ____ - ____
C. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - _____ CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - _____ FIREARM CONTROL CARD NUMBER 229 - _____	
D. EMPLOYEE FIREARM OWNER'S I.D. CARD NUMBER (For FCC only)	E. EXPIRATION DATE OF FIREARM CONTROL CARD
F. DATE EMPLOYEE LEFT AGENCY ____ / ____ / ____ Month Day Year	G. THE CARD MARKED ABOVE IS NOT ATTACHED FOR THE FOLLOWING REASON(S):

I attest that the above-named employee left the agency or Proprietary Security Force as shown above.

Signature _____
Licensee-in-Charge or Security Director

Name of Agency or Proprietary Security Force

License Number of Licensee-in-Charge
(Not Applicable for Proprietary Security Force)

License Number of Agency or Registration Number
of Proprietary Security Force