

# INSTRUCTION SHEET

## PRIVATE SECURITY CONTRACTOR

Examination - Based on Experience

- Examination - Based on Education and Experience

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 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 Security Contractor Examination, each applicant must submit proof of at least \$1,000,000 of 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 - BASED ON EXPERIENCE

*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 held a license as a private security 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 administrator for a licensed private security contractor agency;

**OR**

Submit Supporting Document **VE-PSF** attesting to a minimum of three (3) years experience out of the five (5) years immediately preceding examination application as a full-time manager of a proprietary security force of 30 or more persons registered with the Illinois Department of Financial and Professional Regulation;

**OR**

Submit Supporting Document **VE-DSC** attesting to three (3) years experience out of the five (5) years immediately preceding examination application as a full-time supervisor for an in-house security unit for a corporation having 100 or more employees, for a military police or related security unit in any of the armed forces of the United States, or in a law enforcement agency of the federal government, a state, or a state political subdivision which shall include full-time experience as a supervisor with a state's attorney's office or a public defender's office thereof, approved by the Department (in the case of military police experience, applicant should submit a copy of DD214).

You may submit in lieu of the experience requirement referenced above alternative experience working as a full-time manager for a private security contractor agency licensed in another state or for a private security 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 security contractor agency.

**OR**

For applicants utilizing the experience as referenced in Section 25-10(c) where proof of canine odor detection services for hire since January 1, 2005 is required, the following shall be included:

Supporting document **VE-CAN** to document work experience in canine odor detection services since January 1, 2005; and

Certified copies of a minimum of three canine odor detection services contracts prior January 1, 2005.

3. Application 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.
4. 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.

## EXAMINATION BASED ON EDUCATION AND EXPERIENCE

***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.***

### A. BACCALAUREATE DEGREE - POLICE SCIENCE, RELATED FIELD, OR BUSINESS

1. If you have ever held a license as a private security 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. Supporting Document **ED** must be completed by a school official and have school seal affixed. If school has no seal, Supporting Document **ED** must be notarized. If you have completed a non-degree military training program in police science or a related field credit shall be given for one of the 3 years of the required experience if it is determined that such training is substantially equivalent to that received in an associated degree program.
3. Submit Supporting Document **VE-SAC** attesting to one (1) year experience out of the five (5) years immediately preceding examination application as a full-time manager for a licensed private security contractor agency; **or** Submit Supporting Document **VE-PSF** attesting to a minimum of one (1) year experience out of the five (5) years immediately preceding examination application as a full-time manager of a proprietary security force of 30 or more persons registered with the Illinois Department of Professional Regulation; **or** Submit Supporting Document **VE-DSC** attesting to three (3) years experience out of the five (5) years immediately preceding examination application as a full-time supervisor for an in-house security unit for a corporation having 100 or more employees, for a military police or related security unit in any of the armed forces of the United States, or in a law enforcement agency of the federal government, a state, or a state political subdivision which shall include full-time experience as a supervisor with a state's attorney's office or a public defender's office thereof, approved by the Department (in the case of military police experience, applicant should submit a copy of DD214).  
You may submit in lieu of the experience requirement referenced above alternative experience working as a full-time manager for a private security contractor agency licensed in another state or for a private security 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 security contractor agency.
4. Application 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, Inc.
5. 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.continenteltesting.net](http://www.continenteltesting.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.

**EXAMINATION  
BASED ON EDUCATION AND EXPERIENCE**

***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.***

**B. ASSOCIATE DEGREE - POLICE SCIENCE, RELATED FIELD, OR BUSINESS**

1. If you have ever held a license as a private security 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. Supporting Document **ED** must be completed by a school official and have school seal affixed. If school has no seal, Supporting Document **ED** must be notarized. If you have completed a non-degree military training program in police science or a related field credit shall be given for one of the 3 years of the required experience if it is determined that such training is substantially equivalent to that received in an associated degree program.
3. Submit Supporting Document **VE-SAC** attesting to two (2) years experience out of the five (5) years immediately preceding examination application as a full-time manager for a licensed private security contractor agency; **or** Submit Supporting Document **VE-PSF** attesting to a minimum of two (2) years experience out of the five (5) years immediately preceding examination application as a full-time manager of a proprietary security force of 30 or more persons registered with the Illinois Department of Financial and Professional Regulation; **or** Submit Supporting Document **VE-DSC** attesting to three (3) years experience out of the five (5) years immediately preceding examination application as a full-time supervisor for an in-house security unit for a corporation having 100 or more employees, for a military police or related security unit in any of the armed forces of the United States, or in a law enforcement agency of the federal government, a state, or a state political subdivision which shall include full-time experience as a supervisor with a state's attorney's office or a public defender's office thereof, approved by the Department (in the case of military police experience, applicant should submit a copy of DD214).  
You may submit in lieu of the experience requirement referenced above alternative experience working as a full-time manager for a private security contractor agency licensed in another state or for a private security 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 security contractor agency.
4. Application 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, Inc.
5. 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.continenteltesting.net](http://www.continenteltesting.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 security 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 security 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 Security Contractor Licensure Examination.

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. 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.
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 Security Contractor	119	Examination	\$291.00
Private Security Contractor	119	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 8, 2014	January 22, 2014	Chicago Area	1191
September 13, 2014	July 29, 2014	Chicago Area	1195
March 14, 2015	January 28, 2015	Chicago Area	1197

**\*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 SECURITY 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 (**US ONLY**)

1-800-560-6420

TTY

1-866-325-4949

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

Examination Licensure Method **Only**

1-708-354-9911

## 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 the Illinois State Police (ISP), or 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.**

Certifying Statement of Fingerprint Submission Form (FP), or a receipt issued by a licensed fingerprint vendor must be submitted with the application and fee. The receipt shall be issued by the vendor at the time that fingerprints are obtained.

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp>. The ISP will transmit electronic results of fingerprint processing to the Department.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor must obtain one (1) Illinois State Police (ISP) fingerprint card for processing by the ISP. The ISP will transmit electronic results of fingerprint processing to the Department. To obtain a fingerprint card, please 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 fingerprint card may be taken to a police department in **another state** to obtain classifiable prints. The fingerprint card and processing fee shall then be mailed to ISP as follows:

Illinois State Police  
Bureau of Identification  
260 North Chicago Street  
Joliet, Illinois 60432-4075

**For fingerprint processing fees, please contact ISP at**  
<http://www.isp.state.il.us/docs/5-727.pdf>  
**or at the following email address:**  
[BOI\\_Customer\\_Support@isp.state.il.us](mailto:BOI_Customer_Support@isp.state.il.us)

## PRIVACY STATEMENT

I understand by submitting fingerprints to the Department of Financial and Professional Regulation, Division of Professional Regulation any criminal history information may be shared, and I authorize the release of any 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 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 Security 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!

		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	
		SUBMITTED
	Application Fee	
	<b>VE-CAN</b> Form (as applicable)	
	<b>ED</b> Form with school seal affixed, if utilizing education as a part of the experience component	
	<b>VE-SAC</b> Form (as applicable)	
	<b>VE-PSF</b> Form (as applicable)	
	<b>VE-DSC</b> Form (as applicable)	
	Fingerprint Receipt (proof of electronic fingerprinting)	
	<b>FP-DET</b> Form (verification of fingerprinting if residing outside of Illinois)	
	<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 & Rules (for application by endorsement)	
	<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:

**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 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 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. 







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

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

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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>4. ADDRESS    STREET, CITY, STATE, ZIP CODE</p> <p>6. MAIDEN OR GIVEN SURNAME</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>2. DATE OF BIRTH</p> <p style="text-align: center;">___ / ___ / _____ Month    Day        Year</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;">_____                                  _____ Profession Name                                  Profession Code</p> <p>7. APPLICANT TELEPHONE NUMBER (Daytime)</p> <p style="text-align: center;">Area Code ( ___ ___ ___ ) _____ - _____</p> <p>8b. LICENSE NUMBER (If applicable)</p>	<p>3. SOCIAL SECURITY NUMBER</p> <p style="text-align: center;">- - - - - - - - - -</p> <p>8c. ISSUANCE DATE OF LICENSE (If applicable)</p>
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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>C. ISSUANCE DATE OF LICENSE</p>	<p>B. LICENSE NUMBER</p> <p>D. EXPIRATION DATE OF LICENSE</p>
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**E. LICENSURE METHOD**

<p><input type="checkbox"/> Examination (Administered in Your State)</p> <p style="padding-left: 20px;"><input type="checkbox"/> National (Name) _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> State Constructed _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other (Name) _____</p> <p><input type="checkbox"/> Endorsement of License (State) _____</p> <p style="padding-left: 20px;">Acceptance of Examination Results _____</p> <p style="padding-left: 20px;">(Administered in Another State)</p>	<p><input type="checkbox"/> Reciprocity with (State) _____</p> <p><input type="checkbox"/> Waiver/Grandfather _____</p> <p><input type="checkbox"/> Credentials _____</p> <p><input type="checkbox"/> Other (Describe) _____</p>
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<p><b>F. CURRENT LICENSURE STATUS</b></p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Inactive</p> <p><input type="checkbox"/> Lapsed</p> <p><input type="checkbox"/> Other (Explain) _____</p> <p>_____</p> <p>_____</p>	<p><b>G. IF LICENSED BY EXAMINATION, RECORD SCORES</b></p> <table style="width: 100%;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></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.

<b>SEAL</b>	_____	_____
	Print Name	Signature
	_____	_____
	Title	Date
_____	_____	_____
Agency/Board Street Address	Area Code (     )	Telephone Number
_____	_____	_____
City, State, ZIP Code		

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

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

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):

SS#:

Profession:

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

\_\_\_\_\_

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 \_\_\_\_.

\_\_\_\_\_

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="text-align: center;">           _____            Profession Name                      Profession Code         </div>	
6. MAIDEN OR GIVEN SURNAME  	7. DATES OF EMPLOYMENT From ____/____/____      To ____/____/____ Month    Day        Year                      Month    Day        Year	
8. PERC NUMBER (if applicable)  <div style="text-align: center;"> <b>129</b> - ____ - ____ - ____ - ____         </div>		

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

<b>PART I - EMPLOYMENT INFORMATION</b>	
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 (____) _____ - _____

<b>PART II - APPLICANT EMPLOYMENT INFORMATION</b>		
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 447/1 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 - CAN

**APPLICANT:** *This form is to be completed if you are filing an application for a Private Detective license or for a Private Security Contractor license based on experience in canine odor detection services since January 1, 2005. This form is also used to document two years of full-time employment with reference to applying for a Canine Trainer Authorization Card. 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="text-align: center;">           _____            Profession Name                                  Profession Code         </div>	
6. MAIDEN OR GIVEN SURNAME  	8. PERC NUMBER (if applicable)  <div style="text-align: center;"> <b>129 -</b> _____         </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.*

<b>PART I - EMPLOYMENT INFORMATION</b>	
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 ( ___ ___ ) _____ - _____

<b>PART II - APPLICANT EMPLOYMENT INFORMATION</b>		
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 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	E. ANNUAL HOURS APPLICANT WORKED  
F. Did the applicant establish, to your satisfaction, honesty, truthfulness, integrity and competency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain on the reverse side of this form.</i>		
G. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY IN CANINE ODOR DETECTION SERVICES.  		

I do hereby declare that as owner and/or licensee-in-charge of the above listed 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.

<p>1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.)</p>	<p>2. DATE OF BIRTH</p> <p style="text-align: center;">___ / ___ / ___</p> <p style="text-align: center;">Month    Day    Year</p>	<p>3. SOCIAL SECURITY NUMBER</p> <p style="text-align: center;">___ - ___ - ____</p>
<p>4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license)</p>	<p>5. NEW APPLICANTS ONLY</p> <p>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;">_____ Profession Name                      _____ Profession Code</p>	
<p>6. MAIDEN OR GIVEN SURNAME</p>	<p>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.</p> <p style="text-align: center;"><b>115 -</b> _____</p> <p style="text-align: center;"><b>119 -</b> _____</p> <p style="text-align: center;"><b>124 -</b> _____</p> <p style="text-align: center;"><b>191 -</b> _____</p>	
<p>8. TELEPHONE NUMBER (where you can be reached during the day-time)</p> <p>Area Code ( _____ ) _____ - _____</p>		

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.

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

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	
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: \_\_\_\_\_