INSTRUCTION SHEET

FINGERPRINT VENDOR

Non - 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, 2014 and every three years thereafter. You must be at least 18 years of age to apply.

Step 1. Use CHART I on page 3 to select the 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 Ex-
amination 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.

Step 4. If needed, telephone numbers for assistance in completing the Application Package are provided on page 3 of
the instructions.
NON - 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. Submit a copy of the certificate for the Department of State Police Live Scan Fingerprint Vendor Training Course you completed. **If you need to take the Live Scan Fingerprint Vendor Training Course contact the Illinois State Police at 815-740-5160 for more information.**

2. **If you are a sole-proprietor, not employed by a licensed fingerprint vendor agency**, submit a copy of the Certification Letter issued by Illinois State Police which shows that the fingerprinting equipment, being utilized as referenced on the FPV-DI form, and software meets all specifications of the Illinois State Police.

3. Submit Supporting Document **FPV-ADD** for attestation of fingerprint services from an Illinois address.

4. Submit Supporting Document **FPV-DI**. If you are employed by a licensed fingerprint vendor agency, complete boxes A & B with your name and your home address, then check the box above B. Leave the device ID number section and address of livescan machine section blank. The licensee-in-charge of the agency will need to complete the bottom of the form.
   
   If you are a sole-proprietor complete the entire **FPV-DI** form being sure to list the fingerprint machine device identification number(s) and address(es) of livescan machines.

5. Submit proof of $1,000,000 of liability insurance on Supporting Document **FPV-INS**.

6. Security clearance must be obtained before the license is issued. Reference the page entitled **Important Notice / Criminal Background Check Information** for details on fingerprinting.

7. Application fee payment of $150 must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.


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

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
<th>Licensure Method</th>
<th>Application Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fingerprint Vendor</td>
<td>249</td>
<td>Non-Examination</td>
<td>$150</td>
</tr>
</tbody>
</table>

### REQUEST FOR ASSISTANCE

If assistance is needed, direct your request to:

1-800-560-6420

TTY: 1-866-325-4949

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.
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 fingerprint vendors whose licenses have been on inactive status, or in non-renewed status, for six or more years.

If your license has been inactive, or in non-renewed status, for less than six years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.

To restore your Illinois fingerprint vendor license which has been expired for more than six years, you must submit:

1. Proof of $1,000,000 liability insurance. This proof must be submitted on Supporting Document FPV-INS.

2. 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.

3. Submit copy of DD214 if restoring after military service.


5. 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.
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. 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 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.
# 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.

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>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.</td>
</tr>
<tr>
<td>Endorsement of License</td>
<td>Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.</td>
</tr>
<tr>
<td>Acceptance of Examination</td>
<td>Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.</td>
</tr>
<tr>
<td>Restoration</td>
<td>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.</td>
</tr>
<tr>
<td>Grandfather/Waiver</td>
<td>Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).</td>
</tr>
<tr>
<td>Non-examination</td>
<td>Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.</td>
</tr>
</tbody>
</table>
Application Checklist for Licensed Fingerprint Vendor

**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!

<table>
<thead>
<tr>
<th>FOUR-PAGE APPLICATION REVIEW</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I. Application Category Information</td>
<td></td>
</tr>
<tr>
<td>Part II. Applicant Identifying Information</td>
<td></td>
</tr>
<tr>
<td>Part III. Education Information</td>
<td></td>
</tr>
<tr>
<td>Part IV. Record of Licensure Information</td>
<td></td>
</tr>
<tr>
<td>Part V. Record of Examination</td>
<td></td>
</tr>
<tr>
<td>Part VI. Personal History Information</td>
<td></td>
</tr>
<tr>
<td>Part VII. Examination Coding Information (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Part VIII. Child Support and/or Student Loan Information</td>
<td></td>
</tr>
<tr>
<td>Part IX. Certifying Statement--Signed and Dated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORTING DOCUMENTS</th>
<th>SUBMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td></td>
</tr>
<tr>
<td>Department of State Police Live Scan Fingerprint Vendor Training Course certificate</td>
<td></td>
</tr>
<tr>
<td>Department of State Police Certification Letter for fingerprint equipment and software validation</td>
<td></td>
</tr>
<tr>
<td>FPV-ADD Form (Attestation of Illinois Address)</td>
<td></td>
</tr>
<tr>
<td>FPV-DI Form (Verification of Device Identification Numbers)</td>
<td></td>
</tr>
<tr>
<td>Fingerprint Receipt (proof of electronic fingerprinting)</td>
<td></td>
</tr>
<tr>
<td>FPV-INS Form (proof of $1,000,000 liability insurance)</td>
<td></td>
</tr>
<tr>
<td>RS Form (restoration method only)</td>
<td></td>
</tr>
<tr>
<td>Copy of DD214 (if restoring from active military service)</td>
<td></td>
</tr>
<tr>
<td>Proof of Name Change (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.
# Application for Licensure and/or Examination

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

1. **Four page Application for Licensure and/or Examination.**
2. **Instruction Sheet,** which gives step by step application instructions for your profession.
3. **Reference Sheet,** which gives detailed coding information for your profession.
4. **Supporting Documents,** forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

**Part I: Application Category Information**

A. Check the box indicating the appropriate information regarding your application.
   - [ ] Military
   - [ ] Military Spouse
   - [ ] Not Military
   - [ ] Decline to Answer

Military service member is defined as, "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of your or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. **See Reference Sheet, Chart I, or Instructions Prior to Completing Items 1 Through 4**

C. Check box indicating the appropriate information regarding your application.
   - [ ] This is the first time I have made application for this profession in Illinois.
   - [ ] I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
   - [ ] Other: ____________________________

**Part II: Applicant Identifying Information**

You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Confidential Testing Service in writing of any address changes after you file this application in order to receive any further information.

1. NAME
   - LAST
   - FIRST
   - MIDDLE
2. TITLE (e.g., M.D., D.D.S., etc.)
3. UNITED STATES SOCIAL SECURITY NO.
   ___ ___ ___ ___ ___ ___ ___ ___ ___
4. PERMANENT MAILING ADDRESS
   STREET
   CITY
   STATE/COUNTRY
   ZIP CODE
   COUNTY
   ___ ___ ___ ___ ___ ___ ___ ___ ___
5. BUSINESS ADDRESS
   STREET
   CITY
   STATE/COUNTRY
   ZIP CODE
   COUNTY

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (See Instructions #5 Above)

7. MOTHER'S MAIDEN NAME

8. PLACE OF BIRTH
   CITY
   STATE/COUNTRY
9. DATE OF BIRTH
   Month / Day / Year
10. AGE
   ___ ___ ___ ___ ___ ___ ___ ___ ___
   [ ] Female
   [ ] Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED
   Work: (___ ___) ___ ___ ___ ___ ___
   Home: (___ ___) ___ ___ ___ ___ ___
   Fax: (___ ___) ___ ___ ___ ___ ___
   (Area Code)

12. REQUIRED E-MAIL ADDRESS

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).
PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
</table>
   Graduated High School? | □ Yes | □ No |
   Received OR G.E.D.? | □ Yes | □ No |

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION

<table>
<thead>
<tr>
<th>Month</th>
<th>/</th>
<th>Year</th>
</tr>
</thead>
</table>

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
</table>
   Graduated? | □ Yes | □ No |

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td>Month/Year</td>
<td></td>
</tr>
</tbody>
</table>

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month/Year</td>
<td>Month/Year</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS (Active, Lapsed, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Current Licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>where you most recently have</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>been practicing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other States of Licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Passed, Failed, Absent)</td>
</tr>
</tbody>
</table>

(If additional space is needed, attach a separate sheet.)
**PART VI: Personal History Information** *(This part must be completed by all applicants)*

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. 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.

2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.

3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.

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? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

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? If yes, attach a detailed explanation.

6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.

**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:

**PART VIII: Child Support and Tax 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?  
   (NOTE: If you are not subject to a child support order, answer "no.")

   Yes ☐  No ☐

2. 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 ☐

**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 incorrect. 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.
**APPLICANT:** If applying as a fingerprint vendor while self-employed and operating as a sole-proprietorship, list the device ID number(s) and address(es) of the machines you use in performing fingerprint vendor services on your own.

If applying as a fingerprint vendor agency, list the device ID number(s) and the address(es) of the machines utilized by the agency in performing fingerprint vendor services.

If either of the two scenarios do not apply to you and you are an employee of a licensed fingerprint vendor agency complete boxes A & B only and check here:  

<table>
<thead>
<tr>
<th>A. NAME OF AGENCY / LICENSEE</th>
<th>B. ADDRESS STREET, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
</table>

**Fingerprint Vendor** 2 4 9  
**Fingerprint Vendor Agency** 2 6 2

<table>
<thead>
<tr>
<th>DEVICE ID NUMBER</th>
<th>ADDRESS OF LIVESCAN MACHINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

Under penalties of perjury, I attest that the fingerprinting equipment and software associated with the listed device identification numbers meets all specifications of the ISP. I declare that I have examined the information contained on this form in connection therewith, and to the best of my knowledge, the information is true, correct and complete.

Signature of Licensee in Charge / Sole-Proprietor  
Date  
Name of Fingerprint Vendor Agency  
262-  
249- (If a Sole-Proprietor)
APPLICANT: Complete this form and return it with your Application for Licensure/Examination.

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH
   _____ / _____ / _____
   Month Day Year

3. SOCIAL SECURITY NUMBER
   __-__-____-____

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. MAIDEN OR GIVEN SURNAME

Fingerprint Vendor

Profession Name

Profession Code

Under penalties of perjury, I declare that I maintain an office location in Illinois as listed below and attest that I will operate from that location when providing fingerprint vendor services unless authorized to provide services from a location other than the stated office location. (See below)

Name of Fingerprint Vendor Agency

Street, City in Illinois, Zip Code

Signature

Date

☐ Check this box if fingerprint vendor services are provided from a location other than the stated office location listed above.
### 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.

1. NAME OF LICENSEE (must be exactly as it appears on application or 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. Fingerprint Vendor
   - Name
   - Profession
   - Code

6. MAIDEN OR GIVEN SURNAME

7. TELEPHONE NUMBER (where you can be reached during the daytime)
   - Area Code
   - __-__
   - __________

8. MARK THE STATEMENT THAT APPLIES TO YOUR INSURANCE COVERAGE AS A FINGERPRINT VENDOR:
   a) [ ] Proof of $1,000,000 of liability insurance is with a policy held by the fingerprint vendor applicant/ licensee; OR,
   b) [ ] Proof of $1,000,000 of liability insurance is held by a licensed fingerprint vendor agency that employs the fingerprint vendor where the applicant/ licensee’s actions as a fingerprint vendor are covered by the liability insurance of the fingerprint vendor agency’s policy.

   If box 8b is marked, list the name and license number of the fingerprint vendor agency that covers your insurance requirement as a fingerprint vendor.

   Name of Fingerprint Vendor Agency ____________________________
   Licence No. ____________

   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.

<table>
<thead>
<tr>
<th>A. NAME OF INSURANCE COMPANY</th>
<th>B. NAME OF AUTHORIZED AGENCY/PRODUCER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE</th>
<th>D. NAME AND ADDRESS OF AGENT’S BUSINESS: STREET, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. INSURED’S POLICY NUMBER</th>
<th>F. TITLE OR TYPE OF POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. AGENT’S BUSINESS TELEPHONE NUMBER</th>
<th>H. EFFECTIVE DATE OF POLICY</th>
<th>I. EXPIRATION DATE OF POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>-</strong>-____</td>
<td><strong>-</strong>-____</td>
</tr>
<tr>
<td></td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
</tbody>
</table>

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

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.

<table>
<thead>
<tr>
<th>1. NAME LAST FIRST MIDDLE</th>
<th>2. DATE OF BIRTH ___ / ___ / ___ ___</th>
<th>3. SOCIAL SECURITY NUMBER <em><strong>-</strong></em>-______</th>
</tr>
</thead>
</table>

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. Three digit profession code and profession name (Check one.)

- 129 - Permanent Employee Registration
- 115 - Private Detective
- 119 - Private Security Contractor
- 124 - Private Alarm Contractor
- 191 - Locksmith
- 249 - Fingerprint Vendor

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________________________

IL486-1908 DE 11/14 (DE)