INSTRUCTION SHEET

LOCKSMITH
Examination
Restoration

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they
are listed, then follow the INSTRUCTIONS as they apply to you. This will aid you in accurately completing your
application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR
THREE YEARS FROM DATE OF RECEIPT. If you are issued a license, please be advised your license will expire
on May 31, 2011 and every three years thereafter. You must be at least 18 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 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, nota-
rized 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 Locksmith Examina-
tion, 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 Sup-
porting Document DE-INS.

Step 4. If needed, telephone numbers for assistance in completing the Application Package are provided on the
REFERENCE SHEET

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

_In order for your application to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED with the application and required fee unless otherwise directed in the instructions._

1. If you have ever been licensed as a locksmith 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. 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.

3. Forward four-page application, supporting documentation, and application fee payment 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.

4. **If you have taken the Associated Locksmiths of America (ALOA) examination** which includes the Mandatory, Code and Electricity sections and passed each section with a 70%, you can submit proof from ALOA. These three sections would have had to been passed within three years of application date with IDFPR. Examination scores outside of the three-year window will not be valid in accordance with Section 1240.300(d) which states:

   ‘A successful examination score shall be valid for 3 years. After 3 years the examination score will be void and an applicant will be required to file a new application, meeting the requirements at the time of the new application, and will be required to sit for and pass the examination.’

   **If you are applying for the locksmith license utilizing the ALOA scores** you would need to submit the completed four-page application, supporting documents and fee of $500 to the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, Cash Unit, 320 W Washington St, 3rd Floor, Springfield IL 62786. Make the check or money order payable to IDFPR.
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 locksmiths 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 Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.

To restore your Illinois locksmith 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 Locksmith Licensure Examination.

NOTE: You must take and successfully pass the Locksmith Licensure Examination, if your license has been expired or on inactive status for 3 years or more.

1. Supporting Document CT must be completed by the jurisdiction(s) of licensure where you have been practicing. You must direct the licensing agency/board(s) to return completed document CT directly to you.

2. Proof of $1,000,000 liability insurance. This proof must be submitted on Supporting Document DE-INS after successful passage of the examination.

3. Supporting Document RS must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.

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

5. Submit 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 payments 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.

<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>
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

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
<th>Licensure Method</th>
<th>Application Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locksmith</td>
<td>191</td>
<td>Examination</td>
<td>$174.00</td>
</tr>
<tr>
<td>Locksmith</td>
<td>191</td>
<td>Restoration</td>
<td>See Supporting Document RS</td>
</tr>
</tbody>
</table>

*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 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; or
     --from the CTS web site 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

For information on Examination Dates, Application Deadlines, and Test Center Codes please visit CTS at www.continentaltesting.net.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LOCKSMITH
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:

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Exam or Licensing Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Except Examination (US ONLY)</td>
<td>Only</td>
</tr>
<tr>
<td>1-800-560-6420</td>
<td>708/354-9911</td>
</tr>
<tr>
<td>TTY</td>
<td></td>
</tr>
<tr>
<td>1-866-325-4949</td>
<td></td>
</tr>
</tbody>
</table>

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.
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](https://www.idfpr.com/FPVendor.asp). The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.

- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:
  
  - Obtain one (1) Illinois State Police (ISP) Fee Applicant Card for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at [www.idfpr.com](http://www.idfpr.com). The ISP will transmit electronic results of the fingerprint processing to the Department.

  - Complete Section 1 of the **Identity Verification Certifying Statement** form.

  - The Fee Applicant Card shall be taken to a police department in another state to obtain classifiable prints.

  - Section 2 of the **Identity Verification Certifying Statement** shall be completed and signed by the police department.

  - Go to [www.idfpr.com](http://www.idfpr.com) to select a licensed fingerprint vendor that has “Card Scan” capability. Contact the vendor to determine the fee for a “Card Scan”.

  - Mail the original **Identity Verification Certifying Statement** (with Sections 1 and 2 completed), Fee Applicant card and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.

  - Mail the completed application, licensing fee and a copy of the **Identity Verification Certifying Statement** (with Sections 1 and 2 completed) to the Division of Professional Regulation.

**PRIVACY STATEMENT**

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

Application Checklist for Licensed Locksmith

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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I. Application Category Information</td>
<td>COMPLETED</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>Fingerprint Receipt (proof of electronic fingerprinting)</td>
<td></td>
</tr>
<tr>
<td><strong>DE-INS</strong> Form (proof of $1,000,000 liability insurance)</td>
<td></td>
</tr>
<tr>
<td><strong>CT</strong> Form (from all states where practicing in this profession)</td>
<td></td>
</tr>
<tr>
<td>Acts and Rules (for application by endorsement)</td>
<td></td>
</tr>
<tr>
<td><strong>RS</strong> Form (restoration method only)</td>
<td></td>
</tr>
<tr>
<td>Copy of <strong>DD214</strong> (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.
**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.)**
   - [ ] 129 - Permanent Employee Registration
   - [ ] 115 - Private Detective
   - [ ] 119 - Private Security Contractor
   - [ ] 124 - Private Alarm Contractor
   - [ ] 191 - Locksmith
   - [ ] 249 - Fingerprint Vendor

6. **MAIDEN OR GIVEN SURNAME**

---

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

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

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

**Date Prints Taken:**_____________
**TCN:**_________________________________

**ORI:**______________  **Agency submitting prints:**_________________________________

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

**Printing Agent Name:**________________________  **Printing Agent Signature:**________________________
APPLICATION FOR LICENSURE AND/OR EXAMINATION

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME
2. PROFESSION CODE
3. LICENSURE METHOD
4. FEE

B. 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 Continental 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.

☐ Male
☐ Female

7. MOTHER’S MAIDEN NAME

8. PLACE OF BIRTH CITY STATE/COUNTRY
9. DATE OF BIRTH Month / Day / Year

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: ( __ __ __ ) __ __ __ __ __ __ __
Home: ( __ __ __ ) __ __ __ __ __ __ __
Fax: ( __ __ __ ) __ __ __ __ __ __ __
Fax: ( __ __ __ ) __ __ __ __ __ __ __

12. REQUIRED E-MAIL ADDRESS

For Official Use Only

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
### PART III: Education Information

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

1 2 3 4 5 6 7 8 9 10 11 12

- Graduated High School? ☐ Yes ☐ No
- Received G.E.D.? ☐ Yes ☐ No

**2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED**

**3. LAST PRELIMINARY SCHOOL LOCATION**

(City and State)

**4. DATE OF GRADUATION**

Month _____ Year _____

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

1 2 3 4 5 6 7 8

- Graduated? ☐ Yes ☐ No

**6. COLLEGE OR UNIVERSITY NAME**

(Undergraduate and Graduate)

**LOCATION**

(City and State or Country)

**DATES OF ATTENDANCE**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Month/Year</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>
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<td></td>
<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>☐ Yes ☐ No</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</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 where you most recently have 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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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</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: 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?  Yes  No

(Note: If you are not subject to a child support order, answer "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 VIII: 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.
**CERTIFICATION BY LICENSING AGENCY / BOARD**

**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.

**1. NAME**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
</table>

**2. DATE OF BIRTH**

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

**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.**

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
</tr>
</thead>
</table>

**6. MAIDEN OR GIVEN SURNAME**

**7. APPLICANT TELEPHONE NUMBER**

| Area Code (___-___-___) | ___-___-___-___ |

**8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)**

I hereby authorize __________________________ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

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:

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>Date of Examination</th>
</tr>
</thead>
</table>

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

**PART II - CERTIFICATION OF LICENSURE**

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE

| Profession Name |

B. LICENSE NUMBER

C. ISSUANCE DATE OF LICENSE

| License Number |

D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

- □ Examination (Administered in Your State)
- □ National (Name)
- □ State Constructed
- □ Other (Name)
- □ Endorsement of License (State)
- □ Acceptance of Examination Results (Administered in Another State)

- □ Reciprocity with (State) _________
- □ Waiver/Grandfather
- □ Credentials
- □ Other (Describe) _________

**F. CURRENT LICENSURE STATUS**

- □ Active
- □ Inactive
- □ Lapsed
- □ Other (Explain) ____________________________________________

- □ Received no Grade Below ______________________________________

**G. IF LICENSED BY EXAMINATION, RECORD SCORES**

- □ Type of Examination
  - □ Written
  - □ Practical
  - □ Other (Describe) ____________________________

- □ Score
- □ Examination Period _______ days _______ hours
### PART III - CERTIFICATION OF EXAMINATION SCORES

**A1. National or other Profession Specific Examination**

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<tr>
<th>Date of Examination</th>
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<tr>
<th>Scaled Score</th>
<th>____________________________</th>
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<tr>
<td>Raw Score</td>
<td>____________________________</td>
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<tr>
<th>Standard Deviation</th>
<th>____________________________</th>
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<tr>
<td>Corrected Score</td>
<td>____________________________</td>
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<table>
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<tr>
<th>National Mean</th>
<th>____________________________</th>
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<tbody>
<tr>
<td>Percent Score</td>
<td>____________________________</td>
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**A2.**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
<th>SUBJECT</th>
<th>DATE</th>
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### 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?  

- 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.

---

**Print Name:**

---

**Title:**

---

**Signature:**

---

**Agency/Board Street Address:**

---

**City, State, ZIP Code:**

---

**Telephone Number:**

---

ATTENTION APPLICANT--RETURN EXAM CT TO:  
Continental Testing Services, Inc.  
P.O. Box 100  
LaGrange, Illinois 60525-0100
**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**

**DE-INS**

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

1. **NAME OF INSURED** (must be exactly as it appears on application, renewal form of individual license.)

2. **DATE OF BIRTH**

3. **SOCIAL SECURITY NUMBER**

4. **ADDRESS** STREET, CITY, STATE, ZIP CODE (specific address as noted on license)

5. **NEW APPLICANTS ONLY**

6. **MAIDEN OR GIVEN SURNAME**

7. **RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY** -- Record each individual license number you hold under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.

8. **TELEPHONE NUMBER** (where you can be reached during the daytime)

Area Code ( ___ ____ ) ___ ___ ___ - ___ ___ ___

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

Signature of Applicant/Licensee __________________________ Date __________

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

<table>
<thead>
<tr>
<th>A. NAME OF INSURANCE COMPANY</th>
<th>B. NAME OF AUTHORIZED AGENCY/PRODUCER</th>
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<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>
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<table>
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<tr>
<th>E. INSURED'S POLICY NUMBER</th>
<th>F. TITLE OR TYPE OF POLICY</th>
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<tr>
<th>G. AGENT'S BUSINESS TELEPHONE NUMBER</th>
<th>H. EFFECTIVE DATE OF POLICY</th>
<th>I. EXPIRATION DATE OF POLICY</th>
</tr>
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</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 __________

IL486-1280  1/13 (DE)