

INSTRUCTION SHEET

PRIVATE DETECTIVE

- 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 at least 21 years of age to apply.

- Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Application Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.
- Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**. Your social security number is mandatory on the four-page application and on all supporting documents in this packet.
- Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on **PART I** (page one), of the **Application for Licensure and/or Examination** and follow those instructions only.

- Note:**
- a) All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
 - b) Licenses will not be issued until security clearance is completed. Reference the page entitled **Important Notice / Criminal Background Check Information** for details on fingerprinting. The security clearance requirement is waived for those applicants who submit supporting document VE-PEC, verifying their employment as a peace officer or their retirement from a peace officer position within one year of application. To order the **VE-PEC** form call 1-800-560-6420.
 - c) **EXAMINATION APPLICANTS:** Upon successful completion of the Private Detective 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 been licensed as a private detective 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-DET** attesting to three (3) years work experience out of the five (5) years immediately preceding examination application working full-time for a licensed private detective agency as a registered private detective employee; as a full-time investigator for a licensed attorney; for an in-house investigative unit for a corporation having 100 or more employees or for any of the armed forces of the United States;

OR

Submit Supporting Document **VE-DSC** attesting to three (3) years experience out of the five (5) years immediately preceding examination application employed as a full-time investigator in a law enforcement agency of the federal government, a state, or a state political subdivision which shall include full-time experience as an investigator 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 must submit a copy of DD214). In lieu of the experience requirement referenced in item 2 above, alternative experience may be accepted working full-time for a private detective agency licensed in another state or for a private detective 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 detective agency.

OR

For applicants utilizing the experience as referenced in Section 15-10(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, Inc.
4. 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) for information on how to apply for the examination on-line and pay the test fee by credit card.

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 - LAW ENFORCEMENT, OR RELATED FIELD, OR BUSINESS

1. If you have ever been licensed as a private detective 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 law enforcement 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 associate degree program.
3. Submit Supporting Document **VE-DET** attesting to one (1) year work experience out of the five (5) years immediately preceding examination application working full-time for a licensed private detective agency as a registered private detective employee or as a full-time investigator for a licensed attorney; for an in-house investigative unit for a corporation having 100 or more employees or for any of the armed forces of the United States; *or*

Submit Supporting Document **VE-DSC** attesting to one (1) year experience out of the five (5) years immediately preceding examination application employed as a full-time investigator in a law enforcement agency of the federal government, a state, or a state political subdivision, which shall include full-time experience as an investigator 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 must submit a copy of DD214). In lieu of the experience requirement referenced in item 3 above, alternative experience may be accepted working full-time for a private detective agency licensed in another state or for a private detective 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 detective 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.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.*

B. ASSOCIATE DEGREE - LAW ENFORCEMENT, OR RELATED FIELD, OR BUSINESS

1. If you have ever been licensed as a private detective 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 law enforcement 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 associate degree program.
3. Submit Supporting Document **VE-DET** attesting to two (2) years work experience out of the five (5) years immediately preceding examination application working full-time for a licensed private detective agency as a registered private detective employee or as a full-time investigator for a licensed attorney; for an in-house investigative unit for a corporation having 100 or more employees or for any of the armed forces of the United States; *or*
Submit Supporting Document **VE-DSC** attesting to two (2) years experience out of the five (5) years immediately preceding examination application employed as a full-time investigator in a law enforcement agency of the federal government, a state, or a state political subdivision which shall include full-time experience as an investigator 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 must submit a copy of DD214). In lieu of the experience requirement referenced above, alternative experience may be accepted working full-time for a private detective agency licensed in another state or for a private detective 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 detective 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 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) 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 detectives 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 detective 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 Detective 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. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.
4. Submit copy of DD214 if restoring after military service.
5. Submit two (2) separate fees:
 - Test fee in the form of a certified check or money order made payable to Continental Testing Service (see Reference Sheet).
 - Application fee on the **RS** form made payable to the Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

<u>Licensure Methods</u>	<u>Definition</u>
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 Detective	115	Examination	\$298.00
Private Detective	115	Restoration	See Supporting Document RS

***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 PRIVATE DETECTIVE
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 708/354-9911
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IMPORTANT NOTICE

CRIMINAL BACKGROUND CHECK INFORMATION

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

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://www.idfpr.com/FPVendor.asp>. The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:
 - Obtain one (1) Illinois State Police (ISP) Fee Applicant Card for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at www.idfpr.com. 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.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Licensed Private Detective

*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	
VE-CAN Form (as applicable)	
ED Form with school seal affixed, if utilizing education as a part of the experience component	
VE-DET Form (as applicable)	
VE-DSC Form (as applicable)	
Fingerprint Receipt (proof of electronic fingerprinting)	
DE-INS Form (proof of \$1,000,000 liability insurance)	
CT Form (from all states where practicing in this profession)	
Acts and Rules (for application by endorsement)	
RS Form (restoration method only)	
Copy of DD214 (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.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

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.

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.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

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 \$ _____
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

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. ____ - ____ - _____
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY _____	ZIP CODE _____	COUNTY _____
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5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY _____	ZIP CODE _____	COUNTY _____
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME _____
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8. PLACE OF BIRTH CITY STATE/COUNTRY _____	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code) Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code)	12. REQUIRED E-MAIL ADDRESS _____
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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
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
____ / ____
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		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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 <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)

<p>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.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>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."</p> <p>Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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.

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.

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. _____ Profession Name _____ Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (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.
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

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER												
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE												
E. LICENSURE METHOD <input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results (Administered in Another State) _____ <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____													
F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____	G. IF LICENSED BY EXAMINATION, RECORD SCORES <table border="0"> <tr> <td>Type of Examination</td> <td>Score</td> </tr> <tr> <td>Written</td> <td>_____</td> </tr> <tr> <td>Practical</td> <td>_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td>_____</td> </tr> <tr> <td>Received no Grade Below</td> <td>_____</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.

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

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

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATE OF INSURANCE

SUPPORTING DOCUMENT

DE-INS

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

1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.)	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license)	5. NEW APPLICANTS ONLY REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. ____ Profession Name ____ Profession Code	
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. 115 - _____ 119 - _____ 124 - _____ 191 - _____	
8. TELEPHONE NUMBER (where you can be reached during the day-time) Area Code (_____) _____ - _____		

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

Signature of Applicant/Licensee

Date

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

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

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

Signature of Agent

Date

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 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-DSC

APPLICANT: This form is to be completed if the application for a Private Detective or Private Security Contractor license is based upon experience in a government law enforcement agency. **For Private Detective**--this shall include full-time experience as an investigator in a law enforcement agency of the federal government, a state, or a state political subdivision which shall include a state's attorney's office or a public defender's office. **For Private Security Contractor**--this shall include full-time experience as a 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 a state's attorney's office or public defender's office. Complete the applicant section of this form, then forward this form to the employer who will verify your employment. Verification of employment must be completed by each employer; therefore, you are authorized to photocopy this form if necessary. In lieu of the experience requirement referenced, alternative experience may be accepted 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.

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: right;"> _____ Profession Name _____ Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME		
7. DATES OF EMPLOYMENT From ____/____/____ To ____/____/____ Month Day Year Month Day Year	8. LAW ENFORCEMENT AGENCY BADGE NUMBER (If applicable)	

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

PART I - EMPLOYMENT INFORMATION

A. SUPERVISOR NAME	B. AGENCY NAME
C. AGENCY TELEPHONE NUMBER Area Code (____) _____ - _____	D. AGENCY ADDRESS STREET, CITY, STATE, ZIP CODE
E. RECORD THE TOTAL NUMBER OF EMPLOYEES IF THE EMPLOYER IS AN IN-HOUSE INVESTIGATIVE UNIT OF A CORPORATION. _____	

PART II - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT JOB TITLE	B. DATES OF EMPLOYMENT From ____/____/____ To ____/____/____ Month Day Year Month Day Year
C. TIME IN TITLE ____ Years ____ Month	D. ANNUAL HOURS APPLICANT WORKED
E. IF EMPLOYED AS A DEPUTY SHERIFF, CHECK IF REGULAR OR SPECIAL. <input type="checkbox"/> Regular <input type="checkbox"/> Special	F. DID THE APPLICANT ESTABLISH, TO YOUR SATISFACTION, HONESTY, TRUTHFULNESS, INTEGRITY AND COMPETENCY? <i>If "No," please explain on the reverse side of this form.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
G. IF EMPLOYED AS A DETECTIVE OF THE UNITED STATES GOVERNMENT, WAS APPLICANT A SWORN LAW ENFORCEMENT OFFICER? <input type="checkbox"/> Yes <input type="checkbox"/> No	H. STATE JOB TITLES, DUTIES PERFORMED AND LENGTH OF TIME IN EACH JOB CLASSIFICATION WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO SUPERVISORY, INVESTIGATIVE, MANAGERIAL OR ADMINISTRATIVE EXPERIENCE. (USE REVERSE SIDE OF THIS FORM IF MORE SPACE IS NEEDED.)

I do hereby declare that as a manager or chief of the above listed agency that this information is true and correct to the best of my knowledge.

_____	_____
Print Name	Signature
_____	_____
Title	Date

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 - DET

APPLICANT: *This form is to be completed if application for Private Detective license is based upon registered experience with a licensed Private Detective Agency or employed as a full-time investigator for a licensed attorney, for an in-house investigation unit for a corporation having 100 or more employees or for any of the armed forces of the United States. Complete the applicant section of this form, then 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. In lieu of the experience requirement referenced, alternative experience may be accepted working full-time for a private detective agency licensed in another state or for a private detective 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 detective agency.*

1. NAME LAST FIRST MIDDLE 	2. DATE OF BIRTH <div style="text-align: center;"> ___/___/___ Month Day Year </div>	3. SOCIAL SECURITY NUMBER <div style="text-align: center;"> - - - - - - - - - - - - - - - </div>
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. EMPLOYEE REGISTRATION NUMBER <div style="text-align: center; font-size: 1.2em;"> 129 - </div>	
7. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year		

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

PART I - EMPLOYMENT INFORMATION

A. NAME OF LICENSEE IN CHARGE OR ATTORNEY	
B. LICENSE NUMBER OF LICENSEE IN CHARGE OR ATTORNEY	C. AGENCY, LAW FIRM, OR CORPORATION NAME
D. AGENCY LICENSE NUMBER	E. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
F. RECORD THE TOTAL NUMBER OF EMPLOYEES IF THE EMPLOYER IS AN IN-HOUSE INVESTIGATIVE UNIT OF A CORPORATION. _____	G. BUSINESS TELEPHONE NUMBER Area Code (_____) _____ - _____

PART II - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT'S JOB FUNCTION <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Armed Guard <input type="checkbox"/> Administrator <input type="checkbox"/> Unarmed Guard <input type="checkbox"/> Investigator	B. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year C. TYPE OF EMPLOYMENT D. ANNUAL HOURS APPLICANT WORKED <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
E. 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>	
F. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO SUPERVISORY, MANAGERIAL AND ADMINISTRATIVE EXPERIENCE	

I do hereby declare that as licensee-in-charge and/or owner of the above listed agency, as attorney, partner, and/or owner of the above listed law firm, or as corporate officer 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: right;"> _____ Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME 	8. PERC NUMBER (if applicable) 129 - _____	
7. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year		

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

PART I - EMPLOYMENT INFORMATION

A. NAME OF LICENSEE IN CHARGE/SUPERVISOR 	B. AGENCY/ENTITY NAME
C. LICENSE NUMBER OF LICENSEE IN CHARGE (if applicable) 	D. AGENCY/ENTITY ADDRESS (STREET, CITY, STATE, ZIP CODE)
E. AGENCY LICENSE NUMBER (if applicable) 	F. AGENCY/ENTITY TELEPHONE NUMBER Area Code (_____) _____ - _____

PART II - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT JOB TITLE 	B. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year
C. TIME IN TITLE _____ Years _____ Months	D. TYPE OF EMPLOYMENT <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? Yes No
If "No", please explain on the reverse side of this form.

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

CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

FP-DET

APPLICANT: *This form must be completed by out-of-state residents unable to utilize the live scan process for fingerprinting in the State of Illinois. Attach this certifying statement with the Application for Licensure and/or Examination or with the Application for Permanent Employee Registration Card as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. Three digit profession code and profession name (Check one.) <input type="checkbox"/> 129 - Permanent Employee Registration <input type="checkbox"/> 115 - Private Detective <input type="checkbox"/> 119 - Private Security Contractor <input type="checkbox"/> 124 - Private Alarm Contractor <input type="checkbox"/> 191 - Locksmith <input type="checkbox"/> 249 - Fingerprint Vendor	
6. MAIDEN OR GIVEN SURNAME		

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

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

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

Date Prints Taken: _____ TCN: _____

ORI: _____ Agency submitting prints: _____

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

Printing Agent Name: _____ Printing Agent Signature _____