

APPLICATION FOR FIREARM CONTROL CARD FOR PROPRIETARY SECURITY PERSONNEL

INSTRUCTIONS

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

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

1. Please type or print.
2. This form must be submitted by the Proprietary Security Force on behalf of the armed employee.
3. Applicant must be at least 21 years of age to apply for a firearm control card.
4. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
5. Applicant must have a verifiable firearm training number (see item 5 of applicant section) to be eligible for firearm control card. The 40-hour firearm training course must have been completed within 2 years preceding this application, or employee must show proof of requalification within the last year.
6. A \$75 processing fee, made payable to the Department of Financial and Professional Regulation must accompany this application. There will be a \$45 triennial fee required for renewal of this card. All fees are nonrefundable.
7. The firearm control card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Department by the employer. The firearm control card will expire on the date specified on the face of the card.
8. If an answer to number 8 a-e is "Yes," please attach a separate sheet with a written explanation identifying the circumstances.
9. The child support statement and the student loan statement must be answered as they apply.
10. Each guard listed on the Proprietary Security Force application will need to have their fingerprints scanned prior to submission of this application. Reference the page entitled **Important Notice / Criminal Background Check Information** for details on fingerprinting. If retired as a peace officer within one year of application submit a VE-PEC form to waive the fingerprint requirement. The VE-PEC can be obtained by calling Technical Assistance at 217-782-8556. NOTE: If the applicant already has their print data on the Department computer, then fingerprinting will not be required. Attach the receipt from the fingerprint vendor to this application.
11. Send application and fee to:
Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

APPLICATION FOR FIREARM CONTROL CARD FOR PROPRIETARY SECURITY PERSONNEL

FOR OFFICIAL USE ONLY

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

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

THIS SECTION TO BE COMPLETED BY APPLICANT

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

a. Have you ever had an Illinois license or registration disciplined based upon a violation of the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act or administrative rule? If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever been convicted of ANY criminal offense, including a misdemeanor or a felony? If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever been declared by any court incompetent by reason of mental or physical defect or disease? <i>If yes, attach explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you ever been dishonorably discharged from the armed services or from a city, country, state or federal position? <i>If yes, attach explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you suffer from habitual drunkenness or from narcotic addiction or dependence? <i>If yes, attach explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.") Yes No

10. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes No

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

Signature of Employee: _____ Date: _____

THE EMPLOYER MUST COMPLETE PAGE 2

THIS SECTION TO BE COMPLETED BY EMPLOYER

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

Signature of the Director of Security: _____ Date: _____

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**INSTRUCTIONS FOR ABBREVIATIONS OF PERSONAL DATA
FOR BOX 6 ON PAGE 1 OF THE APPLICATION**

A. HEIGHT

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

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

B. WEIGHT

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

Example: 94 lbs: 094
 186 lbs: 186

C. DATE OF BIRTH

Month/Day/Year

D. HAIR COLOR

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

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

E. EYE COLOR

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

F. RACE

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

G. SEX

Male	M
Female	F

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE

CRIMINAL BACKGROUND CHECK INFORMATION

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

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

- Applicants may contact an approved fingerprint vendor to schedule an appointment for fingerprinting. The ISP will transmit electronic results of fingerprint processing to the Department.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through an approved fingerprint vendor must obtain one (1) Illinois State Police (ISP) fingerprint card for processing by the ISP. The ISP will transmit electronic results of fingerprint processing to the Department. To obtain a fingerprint card, please contact the Department at 217-782-8556 or send an email request on your profession page of the Department website at www.idfpr.com. The fingerprint card may be taken to a police department in **another state** to obtain classifiable prints. The fingerprint card and processing fee shall then be mailed to ISP as follows:

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

For fingerprint processing fees, please contact ISP at
<http://www.isp.state.il.us/docs/5-727.pdf>
or at the following email address:
BOI_Customer_Support@isp.state.il.us

PRIVACY STATEMENT

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

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

RETURN TO:

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

CARD TERMINATION

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

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

- CANINE HANDLER AUTHORIZATION CARD FIREARM CONTROL CARD
- CANINE TRAINER AUTHORIZATION CARD

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

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

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

Signature _____ Licensee-in-Charge or Security Director Name of Agency or Proprietary Security Force _____

_____ License Number of Licensee-in-Charge License Number of Agency or Registration Number
(Not Applicable for Proprietary Security Force) of Proprietary Security Force

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

A. EMPLOYEE NAME (Last, First, Middle Initial)	B. SOCIAL SECURITY NUMBER ____ - ____ - ____
C. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - _____ CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - _____ FIREARM CONTROL CARD NUMBER 229 - _____	
D. EMPLOYEE FIREARM OWNER'S I.D. CARD NUMBER (For FCC only)	E. EXPIRATION DATE OF FIREARM CONTROL CARD
F. DATE EMPLOYEE LEFT AGENCY ____ / ____ / ____ Month Day Year	

I, the above-named employee, have left the agency or Proprietary Security Force as shown above. The card marked above is not attached for the following reason(s):

Signature _____ Licensee-in-Charge or Security Director Name of Agency or Proprietary Security Force _____

_____ License Number of Licensee-in-Charge License Number of Agency or Registration Number
(Not Applicable for Proprietary Security Force) of Proprietary Security Force

Livescan Fingerprint Vendors

Certified by the Illinois State Police

Approved by the Department of Financial and Professional Regulation

Information regarding fees may be obtained from the respective vendor.

A-D Background Resources	847/767-7402
St. Charles, IL	www.a-dbackgroundresources.com
A Fingerprinting US Photo	312/782-8144
Chicago, IL	www.fingerprintingchicago.com
Accurate Biometrics	866/361-9944
Chicago, IL	www.accuratebiometrics.com
AGB Investigative Services, Inc.	773/445-4300
Chicago, IL	www.agbinvestigative.com
American Heritage Protective Services	708/388-7900
Alsip, IL	www.ahpservices.com
American Security Svcs	708/383-7635
Forest Park, IL	www.americansecurityservices.com
Andy Frain Services, Inc.	630/820-3820, Ext. 13
Aurora, IL	www.andyfrain.com
Anthony's Mobile Fingerprinting, Inc.	312/474-6394
Chicago, IL	www.thefingerprintman.com
AP Private Detective Agency, Ltd.	708/922-3500
Hazel Crest, IL	apprivatedetective@yahoo.com
Argus Services, Inc.	312/377-9441
Chicago, IL	http://argus-services.com
Background Resources, Inc.	630/873-2270
Warrenville, IL	www.backgroundresources.com
Big River Investigations, Inc.	217/228-9114
Quincy, IL	www.bigriversinvestigations.com
Biometric Impressions	630/715-2760
Elmhurst, IL	www.biometricimpressions.com
Browder's Maximum Security Services, Inc.	312/225-7900
Chicago, IL	maxsec@sbcglobal.net
Bushue Human Resources, Inc.	217/342-3042
Effingham, IL	www.bushuehr.com
CLS Background Investigations	815/836-0236
Homer Glen, IL	www.cls-ent.com
Digby's Detective and Security Agency, Inc.	312/326-1100, Ext. 1045
Chicago, IL	www.digbysecurity.com
Fact Finders Group, Inc.	708/283-4200
Matteson, IL	www.factfindersgroup.com
Futures in Rehab Management, Inc. (FIRM)	866/721-1203
Springfield, IL	www.firmsystems.net
Gideon's 300 Security Services	708/335-4380
Hazel Crest, IL	www.g300security.com

Livescan Fingerprint Vendors (cont'd)

Guardian Security Services, Inc	708/385-3300
Blue Island, IL	www.guardiansecurityinc.com
Homeland Protection Management, Inc.	708/898-2111
Matteson, IL	www.hpmsecure.com
InfoTrack	847/444-1177
Deerfield, IL	www.infotrackinc.com
iTouch Biometrics	847/706-6789
Schaumburg, IL	www.iTouchBiometrics.com
Kates Detective Agency	773/436-3788
Chicago, IL	www.securitybgk.com
Kellerman Investigations	618/288-6662
Glen Carbon, IL	www.kellermaninvestigations.com
Kentech Consulting, Inc.	888/749-2432
Chicago, IL	www.ekentech.com
Kevin W. McClain Inv., LTD	618/532-1152
Central City, IL	www.mcclaininvestigations.com
Metro Detective Agency	815/230-7970
DeKalb, IL	www.illinoisfingerprinting.net
Metro Enforcement	815/964-9900
Rockford, IL	www.metroenforcement.us
Midwest Professional Investigations	217/224-0757
Quincy, IL	www.mpinv@adams.net
Morpho Trust USA	800-377-2080
Springfield, IL	www.morphotrust.com
Official Fingerprint Provider	312-942-1200
Chicago, IL	www.official1.us
Per Mar Security	563/326-2511
Davenport, IA	www.permarsecurity.com
Rich Wooten & Associates	773/651-3826
Chicago, IL	rawooten@msn.com
Rockford Detective Agency, Inc.	815/282-2822
Loves Park, IL	www.rockforddetective.com
Securitas Security Services USA	618/257-2815
O'Fallon, IL	www.securitasinc.com
Security Management Group of America	773/254-1824
Chicago, IL	www.smgamerica.com
Suburban P.I. Inc.	630/966-9774
Aurora, IL	www.suburbanpi.com
The Security Professionals, Inc.	773/581-8181
Chicago, IL	www.secprosinc.com
Trace Identity Services, Inc.	708/754-2900
Chicago Heights, IL	www.traceidentitysi.com
United Security Services, Inc.	312/922-8558
Chicago, IL	www.usesecurity.com
USA Fingerprint Service LLC	708/478-6157
Mokena, IL	www.usafingerprintservice.com