



This card scan was completed by FIRM Systems on: _____/_____/____ at ____:____



Fee Applicant Consent Release

Please Print Clearly

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ Date of Birth: (XX/XX/XXXX) _____

Place of Birth (State): _____ SEX: _____ Race: _____
Country, if outside U.S.

Address: _____ City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Phone: _____

Applicant Consent

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 that images of my fingerprints will be captured and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. 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.

Applicant Signature: _____ Date: _____

<input type="checkbox"/>	Concealed Carry Applicant - CCW
<input type="checkbox"/>	Video Gaming Location - IGB
<input type="checkbox"/>	Vehicle Dealer License (SOS)
<input type="checkbox"/>	Tow Truck Company
<input type="checkbox"/>	Security, PERC Card (IDFPR)
<input type="checkbox"/>	Pyrotechnics License (OSFM)
<input type="checkbox"/>	Explosives Licenses (DNR)
<input type="checkbox"/>	Tow Truck Driver/Owner ISP District
<input type="checkbox"/>	School District:

<input type="checkbox"/>	Physician License
<input type="checkbox"/>	Physician License by Endorsement
<input type="checkbox"/>	Chiropractic License
<input type="checkbox"/>	Chiropractic License by Endorsement
<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Licensed Practical Nurse
<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	Other:

DO NOT WRITE BELOW THIS LINE – For Office Use Only

BioScan Tek is a authorized service provider a licensed and insured State of IL Fingerprint Vendor Agency Illinois State Police

Proof of Identification: ___ Driver's License, ___ State ID, ___ FOID, ___ Passport, ___ Military ID, ___ Other _____

Method of Payment ___ Cash ___ Credit/Debit ___ Money Order ___ Other _____

Fee Amount: \$ _____ Billed _____ Collected _____

Agency ID: _____ Reference# _____

TCN: **LS11105L7787** Technician Name: _____

Technician License: **249.000290** Agency License: **262.000138 - 262.000011**

If you have questions about the status of a search or results, please contact the Illinois State Police at 815-740-5160 option 2 or boi_customer_support@isp.state.il.us. Search results and status are not shared with this office. Biometric data is kept for 90 days locally and 3 years at the central office after which the data is erased. This document serves as your receipt and consent for a fingerprint based criminal background check. A copy of this document is retained for 2 years and is then destroyed.