INSTRUCTIONS FOR MAKING APPLICATION FOR A PERMANENT EMPLOYEE REGISTRATION CARD (PERC)

NOTICE: The PERC shall expire on May 31, 2012 and every 3 years thereafter. You will automatically receive your renewal application in the mail approximately 90 days prior to the expiration date of your PERC. If you possess a valid Illinois detective, security contractor, alarm contractor, or locksmith license, then a PERC is not required to work for a licensed agency.

Before completing the application package, read each of the steps below and follow them 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 the date of receipt.

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 permanent employee registration card (PERC). The employing agency shall remain responsible for any peace officer employed under this exemption.

A person employed as an unarmed 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 Permanent Employee Registration Card.

NOTE: If you have been issued a Permanent Employee Registration Card in the past, you may not apply for an additional card. If your original PERC has expired, contact the Division's Call Center at 1-800-560-6420 and request a renewal application. Please indicate any change of address on your renewal application.

If your PERC has been lost, a written request for a reprint of your card and a $20.00 reprint fee must be sent to the address in #7 below.

If you have applied for a Permanent Employee Registration Card within the past 3 years but did not complete the application process, DO NOT submit another application. Contact the Division's Call Center at 1-800-560-6420 and request the status of your application.

APPLICATION INSTRUCTIONS

1. Complete the application in its entirety. An incomplete or illegible application will be returned.

2. Applicant must be at least 18 years of age to apply for a PERC in an unarmed capacity.

3. 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.

4. Submit a non-refundable registration fee of $55.00, made payable to the Department of Financial and Professional Regulation.

5. Submit the appropriate security clearance documents (See Security Clearance below).

6. Attach one photograph to the application in the space provided.

7. Forward application (with photo attached), copy of the electronic fingerprint receipt, and fee payment to:

   Illinois Department of Financial and Professional Regulation
   ATTN: Division of Professional Regulation
   P.O. Box 7007
   Springfield, Illinois 62791

SECURITY CLEARANCE

Permanent Employee Registration Cards 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 retirement from a peace officer position within one year of application. To order the VE-PEC form Contact the Division's Call Center at 1-800-560-6420.

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

Certifying Statement of Fingerprint Submission Form (FP), or a receipt issued by a licensed 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 a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to [https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp](https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp). 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 a licensed 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 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 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](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.
APPLICATION FOR PERMANENT EMPLOYEE REGISTRATION CARD

IMPORTANT NOTICE: Submit a non-refundable registration fee of $55.00 made payable to IDFPR. 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 any information will result in this form not being processed.

1. NAME (Last Name, First Name, Middle Initial)  
2. UNITED STATES SOCIAL SECURITY NUMBER:  
   (See Box # 17 Below.)

3. HOME STREET ADDRESS (No P.O. Boxes)  
4. CITY  
5. STATE  
6. ZIP CODE  
7. COUNTY

8. PREFERRED e-MAIL ADDRESS (If Applicable)  
9. DATE OF BIRTH (M/D/Y)  
10. AGE (18 yrs min.)  
11. TELEPHONE NUMBER  
   (_ _ _ _) ___ ___ ___ — ___ ___ ___ ___

12. Have you ever been licensed as Private Detective, Private Security Contractor, Private Alarm Contractor, or Locksmith in Illinois or another State?  
   □ Yes  □ No  If yes, complete the following.

List state(s) in which you have ever been licensed.  
License Number  Dates of Licensure  Is license current?  Has license ever been revoked, or otherwise disciplined?

13. 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 certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.  
   □ Yes  □ No

14. Have you ever been dishonorably discharged from the armed services or from a city, county, state, or federal position?  
   If yes, attach explanation.  
   □ Yes  □ No

15. Do you suffer from habitual drunkenness or from narcotic addiction or dependence?  
   If yes, attach explanation.  
   □ Yes  □ No

16. Have you ever been declared by any court incompetent by reason of mental or physical defect or disease?  
   If yes, attach explanation.  
   □ Yes  □ No

17. 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.")

18. 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 I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief and that I am legally authorized to sign this application.

________________________________________  ______________________________________
Signature (in full-use no initials)  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.

RETURN TO: ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
ATTN: DIVISION OF PROFESSIONAL REGULATION, P.O. BOX 7007, SPRINGFIELD, ILLINOIS 62791

IL486-1120  2/14 (DE)
EMPLOYEE'S STATEMENT
To be retained in employee's personnel file by the employing agency.

<table>
<thead>
<tr>
<th>EMPLOYEE NUMBER</th>
<th>DATE OF EMPLOYMENT</th>
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<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF Employing Agency</th>
<th>NAME OF EMPLOYEE</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>ADDRESS OF EMPLOYEE (Include Street, City, State, and ZIP Code)</th>
<th>DATE OF BIRTH (Month/Day/Year)</th>
<th>PLACE OF BIRTH</th>
</tr>
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*Have you ever been dishonorably discharged from the armed services?*

- [ ] Yes
- [ ] No

*Have you ever been convicted of ANY criminal offense, including a misdemeanor or a felony?*

- [ ] Yes
- [ ] No

*If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.*

*Have you been declared by any court incompetent by reason of mental or physical defect or disease?*

- [ ] Yes
- [ ] No

*If yes, please explain.*

*Have you suffered from habitual drunkenness or from narcotic addiction or dependence?*

- [ ] Yes
- [ ] No

*If yes, please explain.*

*Have you ever had a certificate denied, suspended or revoked under the Illinois Private Detective, Private Alarm, and Private Security, and Locksmith Act?*

- [ ] Yes
- [ ] No

*If yes, please explain.*

*Please state business or occupation engaged in for the five (5) years immediately preceding the date of execution of this statement, the location of such business or occupation, and the names of employers, if any.*

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

*Date: __________________________ Signature of Employee: __________________________*
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

6. MAIDEN OR GIVEN SURNAME

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, ________________________________, have submitted the required fingerprints pursuant to the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: ________________________________  Signature: ________________________________