

INSTRUCTION SHEET

LOCKSMITH

● Examination Endorsement Restoration

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, 2008**. You must be at least 18 years of age to apply.

- Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Application Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.
- Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**. Your social security number is mandatory on the four-page application and on all supporting documents in this packet.
- Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on **PART I** (page one), of the **Application for Licensure and/or 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. See side two of the attached Reference Sheet (Security Clearance) 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 217/782-8556.

- c) **EXAMINATION APPLICANTS:** Upon successful completion of the Locksmith 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**

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

EXAMINATION

NOTE: In order to maintain accurate records regarding all application submissions, it is requested that you also submit a copy of your social security card.

1. Supporting Document **WH** must be completed. Indicate all employment since graduation from high school, to present.
2. If you have ever been licensed as a locksmith in other states, Supporting Document **CT** must be completed by the jurisdictions of licensure where you have been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board(s) to return completed form **CT** directly to the address indicated in number 4 below.
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.

ENDORSEMENT OF LICENSE

NOTE: In order to maintain accurate records regarding all application submissions, it is requested that you also submit a copy of your social security card.

1. Supporting Document **WH** must be completed. Indicate all employment since graduation from high school, to present.
2. If you have ever been licensed as a locksmith in other states, Supporting Document **CT** must be completed by the jurisdictions of licensure where you have been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board(s) to return completed form **CT** directly to the address indicated in number 6 below.
3. An applicant for licensure **MUST** submit proof of at least \$1,000,000 of liability insurance. This proof must be submitted on Supporting Document **DE-INS** and may be submitted **AFTER** notification that all other requirements for licensure have been satisfied.
4. Security clearance must be obtained before the license is issued. See the back of the reference sheet for instructions on this process.
5. Application fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Application fee payment must be in the form of a **check or money order** made payable to Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, supporting documentation, application fee, and security clearance documents to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

NOTE: You must submit a copy of the Acts and Rules from the states in which you have been issued a license in this profession. In each state for which this applies, you shall include a copy of the current statute as well as a copy of the statute in force at the time your original license was issued.

RESTORATION

IMPORTANT NOTICE: These Restoration Instructions apply only to those locksmiths whose licenses have been on inactive status, or in non-renewed status, for six or more years.

If your license has been inactive, or in non-renewed status, for less than six years, you should contact the Department of Financial Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

To restore your Illinois locksmith license which has been expired for more than six years, you must take and successfully pass the Locksmith Licensure Examination.

NOTE: You must take and successfully pass the Locksmith Licensure Examination, if your license has been expired or on inactive status for 6 years or more.

1. Supporting Document **WH** must be completed. Indicate all employment since your Illinois Locksmith License expired, to present.
2. Supporting Document **CT** must be completed by the jurisdiction(s) of licensure where you have been practicing. You must direct the licensing agency/board(s) to return completed document **CT** directly to the address indicated in number 7 below.
3. Proof of \$1,000,000 liability insurance. This proof must be submitted on Supporting Document **DE-INS** after successful passage of the examination.
4. 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 217-782-0458.
5. Submit copy of DD214 if restoring after military service.
6. Submit 2 separate fees:
 - Test fee in the form of a certified check or money order made payable to Continental Testing Service. (See Reference Sheet.)
 - Application fee on the **RS** form made payable to the Illinois Department of Financial and Professional Regulation.
7. Forward four-page application, supporting documentation and fee payments to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

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

Licensure Methods

Definition

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.

Reciprocity

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued and that state also reciprocates this privilege.

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 qualifications 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 and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Locksmith	191	Examination	See Chart II Below
Locksmith	191	Endorsement of License	\$500.00
Locksmith	191	Restoration	See Supporting Document RS

***NOTE:** The examination and endorsement license categories above require SECURITY CLEARANCE. See the reverse side of this form for information regarding the fingerprint process.

CHART II - EXAMINATION CODES AND FEES

<u>EXAMINATION</u>	<u>TEST CODE</u>	<u>TEST FEE*</u> <u>AFTER JULY 1, 2005</u>	<u>TEST FEE*</u> <u>AFTER JULY 1, 2006</u>
Locksmith	01	\$152.80	\$155.80

***NOTE:** The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. The Test Fee must be in the form of a certified check or money order payable to Continental Testing Services, Inc. After successful completion of examination, you will be notified of the licensure fee.

CHART III - EXAMINATION DATES AND LOCATION

<u>TEST DATES</u>	<u>APPLICATION FILING DEADLINES</u>	<u>AVAILABLE TEST CENTER</u>	<u>TEST CENTER CODE</u>
March 11, 2006	January 6, 2006	Chicago Area	1916
September 9, 2006	July 19, 2006	Chicago Area	1917
March 10, 2007	January 5, 2007	Chicago Area	1913

***NOTE:** Approximately two weeks prior to the examination you will be mailed an admission notice, along with other necessary instructions. If you have not received an admission notice ten days prior to the examination, make inquiry to Continental Testing Services: 708-354-9911.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

If the examination final filing dates provided have expired, you may call the Department of Financial and Professional Regulation at 217-782-8556 for updated examination/administration dates and applicable final filing dates.

CHART IV - SCHOOL CODES

**NOT APPLICABLE FOR LOCKSMITH
ENTER N/A IN PART VII c) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION**

******* REQUEST FOR ASSISTANCE *******

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods Except Examination 217-782-8556 Telecommunication Device for the Deaf (TDD) 217-524-6735 Please allow 3 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method Only 708-354-9911 Telecommunication Device for the Deaf (TDD) 1-800-869-1313
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When an operator answers, state the profession for which you are applying and that you need assistance with your application.

SECURITY CLEARANCE

Licenses will not be issued until security clearance is completed. The applicant must contact one of the vendors approved for electronic fingerprint processing by the Illinois State Police. (See "Livescan Certified Vendors" for a list of the approved vendors.)

Information regarding fees may be obtained from the respective vendor.



OUT-OF-STATE APPLICANTS

Once being ink and roll printed by a local police authority in any state, out-of-state applicants who are unable to schedule an appointment at an electronic fingerprint processing facility may submit a fingerprint card issued by the Illinois State Police and the appropriate fee to one of the designated vendors for electronic fingerprint processing listed above. With this method, the fingerprint card will be electronically scanned with the data being sent to the Illinois State Police and the FBI. You need to call the respective vendor to check on the processing fee for the fingerprint card.

A receipt substantiating proof of livescan printing issued by the vendor at the time of being fingerprinted or the **FP-DET** certifying fingerprint submission by an out-of-state applicant must be submitted to the Department or the Department's testing vendor along with the application for endorsement, examination, or restoration.

Refer to the application instructions for details regarding application submission.



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 217-782-8556.

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.

Andy Frain Services, Inc. 630/820-3820, Ext. 13
Aurora, IL

Argus Services, Inc. 312/922-6766
Chicago, IL

Art's Investigations 866/361-9944
Chicago, IL

Background Resources, Inc. 630/873-2270
Warrenville, IL

DeKalb Police Department 815/748-8400
DeKalb, IL

Digby's Detective and Security Agency, Inc. 312/326-1100, Ext. 1045
Chicago, IL

Fact Finders Group, Inc. 708/283-4200
Park Forest, IL

Firm 217/753-1190
Springfield, IL

H.R. Research 217/347-5296
Effingham, IL

Identix Identification Services 800/377-2080
Springfield, IL

Richardson & Associates Private Detective Agency, Inc. 708/474-4900
Lansing, IL

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 - - - - -
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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
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, 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: _____

NAME (Last, First, MI):

SS#:

Profession:

PART III: Education Information

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

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____ / ____ / ____ Month / Year
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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 Month/Year	TO 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 Month/Year	TO 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

NAME (Last, First, MI):

SS#:

Profession:

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 (This part must be completed by all applicants)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>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.</i>		
2. Have you been convicted of a felony?		
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. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <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: Examination Coding Information (This part is for examination applicants only)																				
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:																				
a) CHART II - Select examination(s) you desire and enter Test Codes. <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																				
b) CHART III - Select the examination site you desire and enter Test Center Code: <table style="border: 1px solid black; display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> 																				
c) CHART IV - Find your School of Graduation and enter school code: <table style="border: 1px solid black; display: inline-table; width: 150px; height: 20px;"></table> 																				
d) Record the number of times you have taken this exam in Illinois or any other state: <table style="border: 1px solid black; display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> 																				

PART VIII: Child Support and/or Student Loan 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"/> <small>(NOTE: If you are not subject to a child support order, answer "no.")</small></p>
<p>2. 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.)</p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p>

PART IX: 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.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature of Applicant</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> </div> <p>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.</p>

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.

WORK HISTORY

SUPPORTING DOCUMENT

WH

APPLICANT: Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.

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="display: flex; justify-content: space-around;"> _____ Profession Name _____ Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME 	7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED. <input type="checkbox"/>	8. DATE FORM COMPLETED

9. RECORD WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.

A. NAME OF BUSINESS / INSTITUTION 	JOB TITLE 				
ADDRESS STREET, CITY, STATE, ZIP CODE 	DESCRIPTION OF DUTIES PERFORMED 				
SUPERVISOR NAME 					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> DATE OF EMPLOYMENT/ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year </td> <td style="width: 50%; padding: 5px;"> HOURS WORKED PER WEEK </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time </td> </tr> </table>		DATE OF EMPLOYMENT/ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year	HOURS WORKED PER WEEK 	TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
DATE OF EMPLOYMENT/ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year		HOURS WORKED PER WEEK 			
TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
TOTAL TIME WORKED (Year/Month) 					

B. NAME OF BUSINESS / INSTITUTION 	JOB TITLE 				
ADDRESS STREET, CITY, STATE, ZIP CODE 	DESCRIPTION OF DUTIES PERFORMED 				
SUPERVISOR NAME 					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> DATE OF EMPLOYMENT/ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year </td> <td style="width: 50%; padding: 5px;"> HOURS WORKED PER WEEK </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time </td> </tr> </table>		DATE OF EMPLOYMENT/ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year	HOURS WORKED PER WEEK 	TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
DATE OF EMPLOYMENT/ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year		HOURS WORKED PER WEEK 			
TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
TOTAL TIME WORKED (Year/Month) 					

C. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ___ / ___ / ___ Month Day Year			
To ___ / ___ / ___ Month Day Year	TYPE OF EMPLOYMENT		
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
TOTAL TIME WORKED (Year/Month)			
D. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ___ / ___ / ___ Month Day Year			
To ___ / ___ / ___ Month Day Year	TYPE OF EMPLOYMENT		
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
TOTAL TIME WORKED (Year/Month)			
E. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ___ / ___ / ___ Month Day Year			
To ___ / ___ / ___ Month Day Year	TYPE OF EMPLOYMENT		
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
TOTAL TIME WORKED (Year/Month)			

NAME (Last, First, MI):

SS#:

Profession:

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.

<p>1. NAME LAST FIRST MIDDLE</p> <p>_____ / _____ / _____ Month Day Year</p>	<p>2. DATE OF BIRTH</p>	<p>3. SOCIAL SECURITY NUMBER</p> <p>____-____-____</p>
<p>4. ADDRESS STREET, CITY, STATE, ZIP CODE</p> <p>_____</p>	<p>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</p> <p style="text-align: center;">_____ _____ Profession Name Profession Code</p>	
<p>6. MAIDEN OR GIVEN SURNAME</p> <p>_____</p>	<p>7. APPLICANT TELEPHONE NUMBER (Daytime)</p> <p>Area Code (_____) _____ - _____</p>	
<p>8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)</p> <p>_____</p>	<p>8b. LICENSE NUMBER (If applicable)</p> <p>_____</p>	<p>8c. ISSUANCE DATE OF LICENSE (If applicable)</p> <p>_____</p>

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 _____

DO NOT 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

<p>A. NAME OF PROFESSION AS IT APPEARS ON LICENSE</p> <p>_____</p>	<p>B. LICENSE NUMBER</p> <p>_____</p>
<p>C. ISSUANCE DATE OF LICENSE</p> <p>_____</p>	<p>D. EXPIRATION DATE OF LICENSE</p> <p>_____</p>

E. LICENSURE METHOD

<p><input type="checkbox"/> Examination (Administered in Your State)</p> <p style="margin-left: 20px;"><input type="checkbox"/> National (Name) _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> State Constructed _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other (Name) _____</p> <p><input type="checkbox"/> Endorsement of License (State)</p> <p style="margin-left: 20px;">Acceptance of Examination Results _____</p> <p style="margin-left: 20px;">(Administered in Another State)</p>	<p><input type="checkbox"/> Reciprocity with (State) _____</p> <p><input type="checkbox"/> Waiver/Grandfather _____</p> <p><input type="checkbox"/> Credentials _____</p> <p><input type="checkbox"/> Other (Describe) _____</p>
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<p>F. CURRENT LICENSURE STATUS</p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Inactive</p> <p><input type="checkbox"/> Lapsed</p> <p><input type="checkbox"/> Other (Explain) _____</p> <p>_____</p> <p>_____</p>	<p>G. IF LICENSED BY EXAMINATION, RECORD SCORES</p> <table style="width: 100%;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td style="text-align: right;">_____</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	

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

CERTIFICATE OF INSURANCE

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 of insured's location covered by insurance policy.)	5. NEW APPLICANTS ONLY REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between;"> _____ Profession Name _____ Profession Code </div>	
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, and Locksmith Act. <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">115 - _____</div> <div style="margin-bottom: 5px;">119 - _____</div> <div style="margin-bottom: 5px;">124 - _____</div> <div style="margin-bottom: 5px;">191 - _____</div> </div>	
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 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 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 policy required by must include coverage for errors and omissions, 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 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. Insurance liability policies must be obtained from an insurer authorized by the Division of Insurance to do surety business in Illinois. Under penalties of perjury, I declare that I am an authorized agent of the above insurance company and licensed in Illinois as a producer; I have examined the policy referenced above and this application, and to the best of my knowledge, the policy meets the requirements 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