

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 AS A PEACE OFFICER

SUPPORTING DOCUMENT

VE - PEC

APPLICANT: *Persons retired from a peace officer position within 1 year of application are exempt from the fingerprint requirement for a permanent employment registration card. If you meet the conditions of a Peace Officer* as defined at the bottom of this form, complete the Applicant Section of this form and forward it to the Law Enforcement Agency/Department for whom you worked for completion. After it is completed, return it to this Department in lieu of the fingerprint cards.*

A peace officer is exempt from the requirements to possess a PERC and firearm control card (FCC). The employing agency shall remain responsible for any peace officer employed under this exemption for a PERC, regardless if the peace officer is compensated as an employee or an independent contractor. Notwithstanding any other provision of the ACT, all requirements relating to FCC's do not apply to peace officers as defined in the Act.

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH

3. SSN OR IITN

____/____/____
Month Day Year

____ - ____ - ____

4. ADDRESS (STREET, CITY, STATE, ZIP CODE)

5. Profession name and three digit profession code (check one).

- ☐ 129 - Permanent Employee Registration
☐ 115 - Private Detective
☐ 119 - Private Security Contractor
☐ 124 - Private Alarm Contractor
☐ 191 - Locksmith
☐ 249 - Fingerprint Vendor

6. MAIDEN OR GIVEN SURNAME

7. BADGE OR IDENTIFICATION NUMBER

8. APPLICANT'S DAYTIME TELEPHONE NUMBER

Area Code (____) ____ - ____

I hereby authorize _____ to furnish to the Illinois Department of
Name
Financial and Professional Regulation or its designated testing service, the information requested below.

Signature _____ Date _____

Law Enforcement Agency/Department: Complete the bottom of this form and return it to the applicant for inclusion with his/her application.

A. NAME OF SUPERVISOR OR PERSONNEL OFFICER

B. NAME OF LAW ENFORCEMENT AGENCY OR DEPARTMENT

C. BUSINESS TELEPHONE

D. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

Area Code (____) ____ - ____

COMPLETE AS IT PERTAINS TO THE APPLICANT

E. Retired from Police Department ____/____/____
Month Day Year

I do hereby declare that the information I have recorded is true and correct.

Signature of Supervisor or Personnel Officer

Date

Title

*Peace Officer means any person who by virtue of his/her office or public employment is vested by law with a duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal laws shall be considered peace officers.