



(129) Permanent Employee Registration Card (PERC) New Application Checklist

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General Information

Instructions:

1. Before completing the application package, read each step. This will aid you in accurately completing your application and eliminate any delay in processing.
2. Applicant **must be at least 18 years of age** to apply for a PERC in an unarmed capacity.
3. Submit the appropriate security clearance documents in the form of a fingerprint background check.
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 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.
5. **If you have been issued a Permanent Employee Registration Card in the past, you may not apply for an additional card.** The application which you submit is valid for 3 years from date of receipt. If you have applied for a Permanent Employee Registration Card within the past 3 years but did not complete the application process, or previously had a PERC card that is now expired **DO NOT** submit another application. Contact the Division's Call Center at 1-800-560-6420 and request the status of your application.
6. If your PERC has been lost you can print your PERC online by [clicking here](#).
7. The PERC shall expire on May 31, 2018 and every 3 years thereafter. You will receive your PERC renewal by email approximately 90 days prior to the expiration date of your PERC.

Qualifications/Exemptions:

Detective, Security Contractor, Alarm Contractor or Locksmith Licensees

- 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.*

Peace Officer Exemption

- *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.

- **If you wish to apply for the Peace Officer Exemption listed above. Include a completed Peace Officer Exemption Form (VE-PEC) in your application. This form can be found at the back of this packet.**

Application Requirements

Designation	Requirements	Submitted:
<p>Permanent Employee Registration Card (PERC) with Fingerprints (Illinois)</p>	<ol style="list-style-type: none"> 1. Completed online application including all required information <ul style="list-style-type: none"> • Date and Place of Birth • Social Security Number or an SSN Affidavit • Name Change Information 2. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). 3. You must be at least 18 years of age to apply for a Permanent Employee Registration Card (PERC). 4. Fingerprint Information: the fingerprint Transaction Control Number (TCN) from your fingerprint receipt. This number is 16 characters long and can be found on the receipt provided by your fingerprint vendor. Please keep your fingerprint receipt until your license has been issued. The IDFPR may request it if any issues in the fingerprinting process arise. 5. Personal History Information (if applicable) including: <ul style="list-style-type: none"> • Criminal History • Felony Convictions • Dishonorable discharge from military service • Disease or conditions that may interfere with professional work • Denial of a prior professional license 6. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes. 	<p>ONLINE PORTAL</p>
<p>Permanent Employee Registration Card (PERC) with Fingerprints (Out-of-State)</p>	<ol style="list-style-type: none"> 1. Completed online application including all required information <ul style="list-style-type: none"> • Date and Place of Birth • Social Security Number or an SSN Affidavit • Name Change Information 2. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). 3. You must be at least 18 years of age to apply for a Permanent Employee Registration Card (PERC). 4. Fingerprint Information: the fingerprint Transaction Control Number (TCN) from your fingerprint receipt. This number is 16 characters long and can be found on the receipt provided by your fingerprint vendor. Please keep your fingerprint receipt until your license has been issued. The IDFPR may request it if any issues in the fingerprinting process arise. 5. Personal History Information (if applicable) including: <ul style="list-style-type: none"> • Criminal History • Felony Convictions • Dishonorable discharge from military service • Disease or conditions that may interfere with professional work • Denial of a prior professional license 6. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes. 	<p>ONLINE PORTAL</p>

Designation	Requirements	Submitted:
Permanent Employee Registration Card (PERC) with Fingerprints (Out-of-State)	<ol style="list-style-type: none"> 1. Completed online application including all required information <ul style="list-style-type: none"> • Date and Place of Birth • Social Security Number or an SSN Affidavit • Name Change Information 2. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). 3. You must be at least 18 years of age to apply for a Permanent Employee Registration Card (PERC). 4. Peace Officer Exemption: Upload a completed copy of form Verification of Peace Officer Exemption (VE-PEC). 5. Personal History Information (<i>if applicable</i>) including: <ul style="list-style-type: none"> • Criminal History • Felony Convictions • Dishonorable discharge from military service • Disease or conditions that may interfere with professional work • Denial of a prior professional license 6. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes (<i>if applicable</i>). 	<p style="text-align: center;">ONLINE PORTAL</p>

Application Fees

<i>Fees collected through the licensing process are NOT REFUNDABLE OR TRANSFERABLE.</i>		
Complete	License Type	Submitted:
<p style="text-align: center;">ALL DESIGNATIONS</p>	<p>(129) Permanent Employee Registration Card (PERC) \$55.00</p>	<p style="text-align: center;">ONLINE PORTAL</p>
<p style="text-align: center;"><i>NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.</i></p>		

Security Clearance Information

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from 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.

Illinois Fingerprint Vendors

1. Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by [clicking here](#). The Illinois State Police will transmit electronic results of fingerprint processing to the Department.
 - Applicants *fingerprinted in Illinois* will **no longer** be required to submit a physical copy of their live scan receipt as a part of their initial license application. Instead, they will be required to enter their 16 digit **Transaction Control Number (TCN)** found on the fingerprint receipt issued by their licensed fingerprint vendor.
 - Applicants *should still* retain a copy of this fingerprint receipt until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

Out-of-State Fingerprint Vendors

Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:

1. Obtain one (1) Illinois State Police (ISP) **Fee Applicant Card** for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at <http://www.idfpr.com/>. The ISP will transmit electronic results of the fingerprint processing to the Department.
2. Complete Section 1 of the **Identity Verification Certifying Statement form (OOS-FP)**. See the end of this packet for form OOS-FP.
3. The **Fee Applicant Card** shall be taken to a police department in another state to obtain classifiable prints.
4. Section 2 of the **Identity Verification Certifying Statement form (OOS-FP)** shall be completed and signed by the police department.
5. [Click here](#) to select a licensed Illinois fingerprint vendor that has “Card Scan” capability. Contact the vendor to determine the fee for a “Card Scan”.
6. Mail the original **Identity Verification Certifying Statement form (OOS-FP)** (with Sections 1 and 2 completed), **Fee Applicant Card** and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
7. To verify applicants have completed the fingerprinting process, IDFPR will require applicants to enter the 16 digit **Transaction Control Number (TCN)** found on their *Fee Applicant Card* issued by the Illinois State Police. This number can be found in the upper-right hand corner of the *Fee Applicant Card* and begins with the letters **‘FRM’**.

Applicants *should still* retain a copy of all OOS-FP-related forms until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

IDENTITY VERIFICATION CERTIFYING STATEMENT

OOS-FP

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST	FIRST

I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:	
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

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.

PEACE OFFICER EMPLOYMENT VERIFICATION

SUPPORTING DOCUMENT

VE - PEC

Persons retired from a peace officer position* within 1 year of application are exempt from the fingerprint requirement for a permanent employment registration card (PERC). If you meet the conditions of a Peace Officer*, 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. 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.

* 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.

APPLICANT SECTION:

1. LAST NAME:	FIRST NAME	MIDDLE NAME	2. DATE OF BIRTH
			____/____/____ Month Day Year
3. BADGE OR IDENTIFICATION NUMBER			3. US SOCIAL SECURITY NUMBER:
			____ - ____ - ____

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

Signature Date

LAW ENFORCEMENT AGENCY SECTION:

Complete this section and return it for inclusion in the professional's license application.

A. NAME OF SUPERVISOR / PERSONNEL OFFICER:	B. NAME OF LAW ENFORCEMENT AGENCY OR DEPARTMENT
C. BUSINESS PHONE NUMBER	D. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
Area Code (____) _____	

E. Date Applicant Retired from Law Enforcement Agency / Department: ____/____/____
Month Day Year

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

PRINT NAME OF SUPERVISOR / PERSONNEL OFFICER

Signature Date

<p>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 any information will result in this form not being processed.</p>	<p>EMPLOYEE'S STATEMENT</p> <p>To be retained in employee's personnel file by the employing agency.</p>	<p>EMPLOYEE NUMBER</p> <hr/> <p>DATE OF EMPLOYMENT</p>
<p>NAME AND ADDRESS OF EMPLOYING AGENCY</p>	<p>NAME OF EMPLOYEE</p>	<p>SOCIAL SECURITY NUMBER</p>
	<p>ADDRESS OF EMPLOYEE (Include Street, City, State, and ZIP Code)</p> <hr/>	
	<p>DATE OF BIRTH (Month/Day/Year)</p>	<p>PLACE OF BIRTH</p>
	<p>E-MAIL ADDRESS (REQUIRED)</p>	
<p>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. <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> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position? <i>If yes, attach explanation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Do you 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> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Have you ever had a license or registration denied, suspended or revoked under the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.</p> <hr/>		
<p>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.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p>Date: _____ Signature of Employee: _____</p>		