

**INSTRUCTIONS FOR FILING AN APPLICATION FOR A CERTIFICATE TO  
CONDUCT AN AGENCY UNDER THE PRIVATE DETECTIVE, PRIVATE ALARM,  
PRIVATE SECURITY, FINGERPRINT VENDOR AND LOCKSMITH ACT**

***SOLE PROPRIETORSHIP ONLY***

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. Your individual license must be current, as noted in **BOX 5**.
3. Submit original assumed name document filed in the county where d/b/a is registered, if applicable.

***PARTNERSHIP ONLY***

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. ALL partners must hold a current license in this State with the same profession prefix.

***CORPORATION ONLY***

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. Attach the following documents which correspond to your application:
  - A. Illinois Corporations—A copy of the Articles of Incorporation.
  - B. A Certificate of Good Standing issued by the Illinois Secretary of State within the previous 60 days.
  - C. A listing of the officers and directors of the corporation, including license numbers.
  - D. Foreign Corporations (Those incorporated outside of Illinois) — A copy of the Articles of Incorporation and a copy of the Application of Authority to conduct business in Illinois, as issued by the Illinois Secretary of State.
  - E. If a d/b/a is used, attach a copy of the assumed name document, as issued by the Illinois Secretary of State.
3. At least one officer or executive employee must hold a current certificate of registration in this State. The licensed officer or executive employee shall be responsible for the activities of the agency.

***PROFESSIONAL LIMITED LIABILITY COMPANY***

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. Attach a copy of the Articles of Organization, with a purpose clause specific to the profession.
3. A Certificate of Good Standing issued by the Illinois Secretary of State within the previous 60 days.
4. A listing of the members of the professional limited liability company and their license numbers, if applicable.
5. At least one officer or executive employee must hold a current certificate of registration in this State. The licensed officer or executive employee shall be responsible for the activities of the agency.

**INSTRUCTIONS FOR FILING AN APPLICATION FOR A CERTIFICATE TO  
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***LOCKSMITH AGENCIES*** (submit a signed and dated statement which includes the following information)

1. Verifies that the address of record as listed in box 1 of the application is, or will be, used to conduct the locksmith agency business.
2. A list of all trade or business names used by the licensee.
3. The name of the owner or operator.
4. The address(es) of record of the corporate officers.

***FINGERPRINT VENDOR AGENCIES*** (include the following with the application)

1. Submit proof of device identification numbers on Supporting Document **FPV-DI**.
2. Submit a copy of the Certification Letter issued by Illinois State Police which shows that the fingerprinting equipment, being utilized as referenced on the FPV-DI form, and software meets all specifications of the Illinois State Police.

***GOVERNMENT ENTITY ONLY***

1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
2. Include a statement on business letterhead referencing a government entity is applying where no filing with the Illinois Secretary of State is in place.

<b>IMPORTANT NOTICE:</b> 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 <b>REQUIRED</b> . Failure to provide any information will result in this form not being processed.	<b>RETURN APPLICATION TO:</b> STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: DIVISION OF PROFESSIONAL REGULATION P.O. Box 7007 Springfield Illinois 62791	<b>FOR OFFICIAL USE ONLY</b> <hr/> License Number Issued <hr/> Date License Issued
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Type of Business:  Detective Agency - 117       Security Contractor Agency - 122       Locksmith Agency - 192  
 (Check One)       Alarm Contractor Agency - 127       Fingerprint Vendor Agency - 262

Have you ever made an application for an agency license?     Yes     No      FEIN No.: 

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1. NAME OF AGENCY—Print name exactly as you wish it to appear on any certificate issued.	2. BUSINESS PHONE (Include Area Code)
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3. ADDRESS OF PRINCIPAL OFFICE IN ILLINOIS - Street, City, State, ZIP Code <b>AND</b> P.O. Box if available. (The P.O. Box by itself is not acceptable for Agency Address.)	4. E-MAIL ADDRESS OF FULL-TIME LICENSEE-IN-CHARGE OF THIS AGENCY (REQUIRED)
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5. NAME AND LICENSE NUMBER OF LICENSEE-IN-CHARGE

6. CHECK TYPE OF OWNERSHIP AND COMPLETE APPROPRIATE SECTION

Sole Proprietorship—Owner of Agency \_\_\_\_\_ License No. \_\_\_\_\_

PARTNERSHIP—List all names of the members. (If additional space is necessary, use an extra sheet of paper.)

Partners	Address	License Number
_____	_____	_____
_____	_____	_____

CORPORATION

Name of Corporation \_\_\_\_\_

Address of Corporation \_\_\_\_\_

	License Number(s) (If Licensed)
President _____	_____
Vice President _____	_____
Secretary _____	_____
Treasurer _____	_____

PROFESSIONAL LIMITED LIABILITY COMPANY - (If additional space is necessary, use an extra sheet of paper.)

	Member(s)	License Number(s)
Name of Professional Limited Liability Company _____	_____	_____
Address _____	_____	_____

GOVERNMENT ENTITY - (school district, etc) \_\_\_\_\_

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 completed and the licensee-in-charge is a full-time executive employee or owner.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF DEVICE IDENTIFICATION NUMBERS

SUPPORTING DOCUMENT

# FPV-DI

**APPLICANT:** If applying as a fingerprint vendor while self-employed and operating as a sole-proprietorship, list the device ID number(s) and address(es) of the machines **you use** in performing fingerprint vendor services on your own.

If applying as a fingerprint vendor agency, list the device ID number(s) and the address(es) of the machines **utilized by the agency** in performing fingerprint vendor services.

If either of the two scenarios do not apply to you and you are an employee of a licensed fingerprint vendor agency complete boxes A & B only and check here.

A. NAME OF AGENCY / LICENSEE

B. ADDRESS STREET, CITY, STATE, ZIP CODE

**Fingerprint Vendor**

**2 4 9**



**Fingerprint Vendor Agency**

**2 6 2**

DEVICE ID NUMBER

ADDRESS OF LIVESCAN MACHINE

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Under penalties of perjury, I attest that the fingerprinting equipment and software associated with the listed device identification numbers meets all specifications of the ISP. I declare that I have examined the information contained on this form in connection therewith, and to the best of my knowledge, the information is true, correct and complete.

\_\_\_\_\_  
Signature of Licensee in Charge / Sole-Proprietor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Fingerprint Vendor Agency

262- \_\_\_\_\_

249- \_\_\_\_\_

(If a Sole-Proprietor)