

Instructions for Making Application for Registration as a Proprietary Security Force

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 firearm control card. The employing agency shall remain responsible for any peace officer employed under this exemption.*

NOTE: READ ALL INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN COMPLETING THE APPLICATION. APPLICATIONS MUST BE TYPED OR PRINTED CLEARLY WITH BLACK INK ONLY. APPLICATION INFORMATION WHICH CANNOT BE READ, WILL CAUSE THE APPLICATION TO BE RETURNED.

1. Complete the application for registration in its entirety. The fee payment which must be noted in Part I, number 4 is \$300.00.

Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. ALL FEES ARE NONREFUNDABLE.
 2. If a sole proprietorship: Submit the name and address of the owner.
 3. If a partnership: Submit a listing of all partners and addresses.
 4. If a corporation: Submit (1) a copy of the Articles of Incorporation, (2) a Certificate of Good Standing issued by the Illinois Secretary of State within the previous 60 days, (3) and a listing of all officers and members of the board of directors, (4) if a foreign corporation, include a copy of the filed Application of Authority to do business in Illinois; (5) a list of all officers and members of the board of directors of the foreign corporation.

If a d/b/a is used, attach a copy of the assumed name document, as issued by the Illinois Secretary of State.
 5. If a limited liability company: Submit (1) a copy of Articles of Organization, (2) a Certificate of Good Standing issued by the Illinois Secretary of State within the previous 60 days, (3) and a listing of all officers and members of the board of directors.
 6. Forward completed application, supporting documents and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, 3rd. Floor, Springfield, Illinois 62786.
 7. If more space is needed to provide information, attach a separate sheet of paper.
- If assistance in completing the application is needed, direct your request to the Department at 1-800-560-6420.

Information Regarding Proprietary Security Force

Commercial and/or industrial operations are eligible to acquire registration as a Proprietary Security Force if they will have at least five (5) security officers working in an armed position.

Financial Institutions are eligible to acquire registration as a Proprietary Security Force if they will have at least one (1) security officer working in an armed position.

Department of Financial and Professional Regulation personnel may conduct an inspection of the premises to be protected prior to issuance of your registration.

All armed security personnel of a registered Proprietary Security Force are required to complete a 20-hour basic training course in accordance with title 68, Chapter VII, Section 1240.505 of the Illinois Administrative Code, and a 20-hour firearm training course in accordance with Title 68, Chapter VII, Section 1240.510.

Upon approval and issuance of your Proprietary Security Force Registration, you may download the firearm control card application for Proprietary Security Force from our website at www.idfpr.illinois.gov or you may call the Department at 1-800-560-6420 to have the application(s) mailed. Each guard listed on the Proprietary Security Force application to be armed will need to have their fingerprints scanned prior to submission of the firearm control card application. Reference the page entitled **Important Notice / Criminal Background Check Information** for details on fingerprinting.

APPLICATION FOR REGISTRATION AS A PROPRIETARY SECURITY FORCE

FOR OFFICIAL USE ONLY

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.

Carefully follow all steps outlined on the INSTRUCTION FOR MAKING APPLICATION AS A PROPRIETARY SECURITY FORCE. In addition, note the following:

- A. Type or print legibly using black ink only. B. The registration fee is **NOT REFUNDABLE**.

PART I: Application Category Information

1. PROFESSION NAME Proprietary Security Force	2. PROFESSION CODE 1 2 0	3. LICENSURE METHOD NON-EXAM	4. FEE \$300.00
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5. Have you ever had a Proprietary Security Force Registration issued to you by Illinois? Yes No
If Yes, indicate the Registration Number: 120 - _____

PART II: Applicant Identifying Information

1. BUSINESS NAME OF PROPRIETARY SECURITY FORCE	2. F.E.I.N. OF THE PROPRIETARY SECURITY FORCE
3. BUSINESS ADDRESS (Street, City, State, ZIP Code) (P.O. Box not acceptable)	4. CATEGORY OF PROPRIETARY SECURITY FORCE (CHECK ONE) <input type="checkbox"/> Commercial/Industrial Operation <input type="checkbox"/> Financial Institution
5. D.B.A. (If Applicable)	6. TYPE OF BUSINESS (CHECK ONE) <input type="checkbox"/> Corporation (Submit Articles) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership (Copy of Agreement) <input type="checkbox"/> Limited Liability Company
7. COUNTY	8. NUMBER OF ARMED EMPLOYEES
9. BUSINESS TELEPHONE NUMBER (_____) _____ - _____ Area Code	10. NAME AND TITLE OF SECURITY DIRECTOR
11. E-MAIL ADDRESS OF SECURITY DIRECTOR (REQUIRED)	

12. THE NATURE OR TYPE OF BUSINESS CONDUCTED OR TO BE CONDUCTED

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge it is true, correct and complete.

_____ Date

Signature of Security Director

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

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 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.**

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://www.idfpr.illinois.gov/LicenseLookUp/fingerprintlist.asp>. The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:
 - 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 www.idfpr.illinois.gov. The ISP will transmit electronic results of the fingerprint processing to the Department.
 - Complete Section 1 of the **Identity Verification Certifying Statement** form.
 - The Fee Applicant Card shall be taken to a police department in **another state** to obtain classifiable prints.
 - Section 2 of the **Identity Verification Certifying Statement** shall be completed and signed by the police department.
 - Go to www.idfpr.illinois.gov to select a licensed fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".
 - Mail the original **Identity Verification Certifying Statement** (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.
 - Mail the completed application, licensing fee and a copy of the **Identity Verification Certifying Statement** (with Sections 1 and 2 completed) to the Division of Professional Regulation.

PRIVACY STATEMENT

I, the undersigned, hereby authorize the release of any criminal history record 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 also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. 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.