

RENEWAL NOTICE FOR: CANINE HANDLER AUTHORIZATION CARD**Fee Before Expiration Date:****\$45.00**

Employee Name.....:

Registration # 267---

Employer/Agency.....:

Agency License No.....:

Part A: Signature Section

This employee continues to be employed by the employer named and the employer hereby requests that the Card for this employee be renewed. Employer files confirm all statements.

I understand that if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

Licensee in Charge Signature: _____

Licensee In Charge License Number: _____

Agency Phone Number: _____

Renewal Statement

____ 1. I have been recertified on the canine handler field training course within
YES NO within one year preceding the expiration date of this registration.

____ 2. I continue to be employed by the agency to which this Canine Handler
YES NO Authorization Card was issued.

____ 3. I continue to hold a valid private detective license, private security
YES NO contractor license, or permanent employee registration card.

PART B: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)

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 or taxpayer ID 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.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")

Yes

No

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

Yes

No

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations

Yes

No

Part C: Employee Termination for Registration Number: 267. _____

If the employee has been terminated, check here: ____ and indicate the date of termination: _____

Attach the terminated employee's Card, or state reason Card is not being returned. Send NO FEE if the employee has been terminated.

Signature: _____
(Licensee in Charge of Agency)

License Number: _____
(Licensee in Charge of Agency)

Agency Phone Number: _____

PART D: Employee Name Change:

If the Employee has a name change, you must enclose proof of the change. Proof can be a copy of any one of the following: marriage certificate, divorce decree, court order, naturalization papers, etc. Agency name or address changes CANNOT be made on this form.

Enter any EMPLOYEE Name change that differs from that shown on this Renewal.

Name: _____

INSTRUCTIONS FOR RENEWAL FORM ON REVERSE

LICENSE RENEWAL INSTRUCTIONS

1. Complete information/questions in Part A.
2. Complete PART B indicating Employee's Personal Data.
3. The Licensee in Charge of the Agency must sign in the space provided and indicate their License Number in PART C.
4. Complete PART D indicating the appropriate responses for Child Support and Tax Information.
5. If the Employee has been terminated, complete PART E indicating the date of termination and return the Employee's Card with this form. Send NO FEE if the employee has been terminated. The Licensee in Charge of the Agency must sign in the space provided and indicate their License Number in PART D.
6. Make any EMPLOYEE name change on PART F of this form. Name changes must be accompanied by copies of one of the following: marriage certificate, divorce decree, naturalization papers, court order, etc.

Mail this renewal form along with the correct fee to:

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
P.O. Box 7450
Springfield, IL 62791-7450

Only checks and money orders, payable to the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, will be accepted.
FEES ARE NOT REFUNDABLE.

Applications not signed and/or incomplete will be returned.

Failure to follow instructions will result in the renewal being delayed. Practice after the expiration of the Card shall constitute unlicensed practice which could result in civil/criminal penalties and discipline of the Card.

******* NOTICE *******

We cannot process your renewal by mail without the following information:

The renewal must be signed by the Licensee in Charge of the Agency.

A signed check or money order must be enclosed, unless an Employee Termination.

If the Employee has terminated, you must indicate the date of termination and attach the terminated Employee's Card. Send NO FEE if the Employee has been terminated. Licensee in Charge must provide License Number and signature in Part D.

If the Employee has a name change, you must enclose proof of the change. Proof can be a copy of any one of the following: marriage certificate, divorce decree, court order, naturalization papers, etc. Agency name or address changes CANNOT be made on this form.

IF ANY OF THE ABOVE ERRORS OCCUR, THIS RENEWAL WILL BE RETURNED TO YOU FOR PROPER COMPLETION. THIS WILL RESULT IN A SUBSTANTIAL DELAY IN RENEWING.