



**IDFPR**  
Illinois Department of  
Financial and Professional Regulation  
Division of Professional Regulation

**APPLICATION FOR:**  
*Canine Handler Authorization Card*  
(267)

1. Please type or print.
2. Applicant must be at least 18 years of age to apply for a Canine Handler Authorization card.
3. Disclosure of your U.S. social security number or ITIN, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. 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.
4. The name shown for the employee or licensee to whom the card will be issued must be as it appears on the permanent employee registration card or on the private detective and/or private security contractor license that the applicant possesses. An application for a canine handler authorization card may be completed by a licensed private detective, or private security contractor working on their own behalf.
5. Applicant must have verifiable canine handler training (see item 5 of applicant section) to be eligible for a canine handler authorization card. The canine handler training course must have been completed within 1 year preceding this application or employee must submit a copy of their certificate of completion of canine handler training issued by the canine trainer.
6. A \$75 processing fee, made payable to the Illinois Department of Financial and Professional Regulation, must accompany this application. There will be a \$45 triennial fee required for renewal of this card. All fees are nonrefundable.
7. The canine handler authorization card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Department by the employer. The canine handler authorization card will expire on date specified on face of the card.
8. Child support statement and tax statement must be answered.
9. Send application and fee to:  
Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
320 West Washington Street, 3rd Floor  
Springfield, Illinois 62786

# APPLICATION FOR CANINE HANDLER AUTHORIZATION CARD

FOR OFFICIAL USE ONLY

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

Agency / Licensee Number - This box to be completed by the Division of Professional Regulation:

## THIS SECTION TO BE COMPLETED BY APPLICANT/LICENSEE

1. NAME OF EMPLOYEE/LICENSEE TO WHICH CARD WILL BE ISSUED (Last, First, Middle Initial)	2. SSN OR ITIN
3. PERMANENT EMPLOYEE REGISTRATION NUMBER <b>129-</b>	4. INDIVIDUAL LICENSE NUMBER, IF APPLICABLE (115-, or 119-, Only use one prefix.)
5. CANINE HANDLER TRAINING COURSE NUMBER (You must attach a legible copy of your Certificate of Completion of Canine Handler Training form.) <b>265-</b>	6. EMAIL ADDRESS OF EMPLOYEE (REQUIRED)
7. PERSONAL DATA (See reverse side for assistance in completing this portion.) A. Height: _____ E. Eye Color: _____ B. Weight: _____ F. Race: _____ C. Date of Birth: _____ G. Sex: _____ D. Hair Color: _____	8. I HAVE BEEN TRAINED IN THE FOLLOWING CANINE DISCIPLINE(S): <input type="checkbox"/> Patrol <input type="checkbox"/> Narcotics Odor Detection <input type="checkbox"/> Explosives Odor Detection <input type="checkbox"/> Cadaver Odor detection
9. Have you ever had an Illinois license or registration disciplined based upon a violation of the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act or administrative rule? <i>If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.</i> <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	
10. 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 personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i> <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	
11. Do you now have any disease or condition that presently limits 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? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	
12. Have you ever been dishonorably discharged from the armed services or from a city, country, state of federal position? <i>If yes, attach explanation.</i> <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	
13. 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, 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. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b>  Are you more than 30 days delinquent in complying with a child support order? <i>(NOTE: If you are not subject to a child support order, answer "no.")</i> <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	
14. 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? <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	
15. 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? <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	

Signature of Employee/Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**THE EMPLOYING AGENCY/LICENSEE MUST COMPLETE PAGE 2**

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

**THIS SECTION TO BE COMPLETED BY EMPLOYING AGENCY/LICENSEE**

1. NAME OF AGENCY/LICENSEE AS IT APPEARS ON LICENSE	2. AGENCY/LICENSEE TELEPHONE NUMBER  ( _____ ) _____ - _____
3. ADDRESS OF AGENCY/LICENSEE (Street, City, State, Zip Code)	4. NAME OF LICENSEE IN CHARGE OF AGENCY/LICENSEE
5. AGENCY LICENSE NUMBER (117-, or 122-Only use one prefix.)	6. LICENSE NUMBER OF LICENSEE OR LICENSEE IN CHARGE (115-, or 119- Only use one prefix.)

7. E-MAIL ADDRESS OF LICENSEE IN CHARGE (REQUIRED)

Signature of Licensee or Licensee in Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
(Licensee or Licensee in Charge)

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

**INSTRUCTIONS FOR ABBREVIATIONS OF PERSONAL DATA FOR BOX 6 ON PAGE 1 OF THE APPLICATION**

**A. HEIGHT**

Express in feet and inches respectively. (Do not use fractions of an inch; round off to the nearest inch.

Example:    5'11":    511  
              6'0":        600  
              7'0":        510

**B. WEIGHT**

Express in pounds. (Do not use fractions of a pound; round off to the nearest pound.)

Example:    94 lbs:    094  
              186 lbs:    186

**C. DATE OF BIRTH**

Month/Day/Year

**D. HAIR COLOR**

*Bald	BAL
Black	BLK
Blond or Strawberry	BLN
Brown	BRO
Gray or Partially Gray	GRY
Red or Auburn	RED
Sandy	SDY
White	WHI

\*Bald (BAL) is to be used when subject has lost most of the hair on his head or is hair less.

**E. EYE COLOR**

Black	BLK	Green	GRN
Blue	BLU	Hazel	HAZ
Brown	BRO	Maroon	MAR
Gray	GRY	Pink	PNK

**F. RACE**

White	W
Black	B
Asian/Pacific Islander	A
American Indian/Alaskan	I
Unknown	U

**G. SEX**

Male	M
Female	F

**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 this information could result in a penalty as outlined in said Act.

RETURN TO:

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
ATTN: DIVISION OF PROFESSIONAL REGULATION  
320 West Washington Street, 3rd Floor  
Springfield, Illinois 62786

### CARD TERMINATION

- Upon termination, for any reason, of the employment of the individual to whom card marked below has been issued, it is the responsibility of the licensee-in-charge or security director to return the card to the Department. The card must be returned within 72 hours of such termination.
- To return the card, Section I of this form must be completed, the card must be attached to the form and mailed to the Department at the address shown at the top of this form.
- If the card cannot be obtained for return to the Department, Section II of this form MUST be completed and submitted to the Department within 72 hours of termination of the individual's employment.
- Failure to comply with these requirements is grounds for discipline of the license of the licensee-in-charge for agencies licensed by this Department.

Check the box below that pertains to the card being returned for the employee listed on the form:

CANINE HANDLER AUTHORIZATION CARD

FIREARM CONTROL CARD

CANINE TRAINER AUTHORIZATION CARD

#### SECTION I--PERTAINS TO CARD WHICH HAS BEEN RETURNED (ATTACH CARD TO FORM)

1. EMPLOYEE NAME (Last, First, Middle Initial)	2. SSN OR ITIN ____ - ____ - ____
3. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - _____ CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - _____ FIREARM CONTROL CARD NUMBER 229 - _____	4. DATE OF EMPLOYEE'S TERMINATION ____ / ____ / ____ Month Day Year

I attest that the above-named employee left the employment of this agency or Proprietary Security Force as indicated and I am hereby returning the card marked above issued to said individual.

Signature \_\_\_\_\_  
Licensee-in-Charge or Security Director

\_\_\_\_\_  
Name of Agency or Proprietary Security Force

\_\_\_\_\_  
License Number of Licensee-in-Charge  
(Not Applicable for Proprietary Security Force)

\_\_\_\_\_  
License Number of Agency or Registration Number  
of Proprietary Security Force

#### SECTION II--PERTAINS TO CARD WHICH HAS NOT BEEN RETURNED

A. EMPLOYEE NAME (Last, First, Middle Initial)	B. SSN OR ITIN ____ - ____ - ____
C. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - _____ CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - _____ FIREARM CONTROL CARD NUMBER 229 - _____	
D. EMPLOYEE FIREARM OWNER'S I.D. CARD NUMBER (For FCC only)	E. EXPIRATION DATE OF FIREARM CONTROL CARD
F. DATE EMPLOYEE LEFT AGENCY ____ / ____ / ____ Month Day Year	G. THE CARD MARKED ABOVE IS NOT ATTACHED FOR THE FOLLOWING REASON(S):

I attest that the above-named employee left the agency or Proprietary Security Force as shown above.

Signature \_\_\_\_\_  
Licensee-in-Charge or Security Director

\_\_\_\_\_  
Name of Agency or Proprietary Security Force

\_\_\_\_\_  
License Number of Licensee-in-Charge  
(Not Applicable for Proprietary Security Force)

\_\_\_\_\_  
License Number of Agency or Registration Number  
of Proprietary Security Force