

**APPLICATION FOR CANINE TRAINER AUTHORIZATION CARD
FOR LICENSEE/LICENSED AGENCIES**

INSTRUCTIONS

1. Please type or print.
2. Applicant must be at least 18 years of age to apply for a Canine Trainer Authorization card.
3. Disclosure of your U.S. social security number, 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 trainer authorization card may be completed by a licensed private detective, or private security contractor working on their own behalf.
5. The employer shall submit with this application evidence of the following in order to be eligible for a canine trainer authorization card:
 - a) 2 years full-time employment as a canine handler in this or another state on supporting document **VE-CAN**;and EITHER:
 - b) Verifiable canine instructor training (see item 5 of application section) from a program approved by the Division OR;
 - c) Proof of other canine instructor education or experience that the Division may consider to be substantially equivalent to items (a) and (b) listed above, such as experience or education received in military service or local, state, or federal law enforcement service.
6. A \$100 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 trainer 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 trainer 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 TRAINER 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 ISSUE (Last, First, Middle Initial)	2. UNITED STATES SOCIAL SECURITY NUMBER
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3. PERC NUMBER 129-	4. INDIVIDUAL LICENSE NUMBER, IF APPLICABLE (115-, or 119-, Only use one prefix.)	5. CANINE INSTRUCTOR TRAINING COURSE NUMBER 264-
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6. PERSONAL DATA (See reverse side for assistance in completing this portion.) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Height: _____</td> <td style="width: 50%;">E. Eye Color: _____</td> </tr> <tr> <td>B. Weight: _____</td> <td>F. Race: _____</td> </tr> <tr> <td>C. Date of Birth: _____</td> <td>G. Sex: _____</td> </tr> <tr> <td>D. Hair Color: _____</td> <td></td> </tr> </table>	A. Height: _____	E. Eye Color: _____	B. Weight: _____	F. Race: _____	C. Date of Birth: _____	G. Sex: _____	D. Hair Color: _____		7. E-MAIL ADDRESS OF EMPLOYEE / LICENSEE (REQUIRED)
A. Height: _____	E. Eye Color: _____								
B. Weight: _____	F. Race: _____								
C. Date of Birth: _____	G. Sex: _____								
D. Hair Color: _____									

8. 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? Yes No
If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.

9. 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. *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.* Yes No

10. 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? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.* Yes No

11. Have you ever been dishonorably discharged from the armed services or from a city, country, state or federal position? *If yes, attach explanation.* Yes No

12. 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. **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? Yes No
(NOTE: If you are not subject to a child support order, answer "no.")

13. 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

Signature of Employee/Licensee: _____ Date: _____

THE EMPLOYING AGENCY/LICENSEE MUST COMPLETE PAGE 2

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. 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.

**INSTRUCTIONS FOR ABBREVIATIONS OF PERSONAL DATA
FOR BOX 5 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

NAME (Last, First, MI):

SS#:

Profession:

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. SOCIAL SECURITY NUMBER ____ - ____ - ____
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. SOCIAL SECURITY NUMBER ____ - ____ - ____
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

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VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE - CAN

APPLICANT: *This form is to be completed if you are filing an application for a Private Detective license or for a Private Security Contractor license based on experience in canine odor detection services since January 1, 2005. This form is also used to document two years of full-time employment with reference to applying for a Canine Trainer Authorization Card. Complete the applicant section of this form. Forward this form to the employer who will verify your employment. Verification must be completed by each employer; therefore, you are authorized to photocopy this form if necessary.*

1. NAME LAST FIRST MIDDLE 	2. DATE OF BIRTH ___/___/___ Month Day Year	3. SOCIAL SECURITY NUMBER ___ - ___ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE 	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. 	
6. MAIDEN OR GIVEN SURNAME 	_____ <div style="display: flex; justify-content: space-between;"> Profession Name Profession Code </div>	
7. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year	8. PERC NUMBER (if applicable) 129 - ____ - ____ - ____ - ____	

EMPLOYER: *Complete the remainder of this form. RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.*

PART I - EMPLOYMENT INFORMATION

A. NAME OF LICENSEE IN CHARGE/SUPERVISOR 	B. AGENCY/ENTITY NAME
C. LICENSE NUMBER OF LICENSEE IN CHARGE (if applicable) 	D. AGENCY/ENTITY ADDRESS (STREET, CITY, STATE, ZIP CODE)
E. AGENCY LICENSE NUMBER (if applicable) 	F. AGENCY/ENTITY TELEPHONE NUMBER Area Code (____) ____ - ____

PART II - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT JOB TITLE 	B. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ Month Day Year Month Day Year
C. TIME IN TITLE _____ Years _____ Months	D. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
E. ANNUAL HOURS APPLICANT WORKED 	

F. Did the applicant establish, to your satisfaction, honesty, truthfulness, integrity and competency? Yes No
If "No", please explain on the reverse side of this form.

G. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY IN CANINE ODOR DETECTION SERVICES.

I do hereby declare that as owner and/or licensee-in-charge of the above listed entity that this information is true and correct to the best of my knowledge.

_____ Print Name	_____ Signature
_____ Date	_____ Title