

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

TEMPORARY CERTIFICATE OF AUTHORITY / EXTENSION OF TEMPORARY CERTIFICATE OF AUTHORITY

SUPPORTING DOCUMENT

VE-AUT

No licensed agency under the Act may be the licensee-in-charge for more than one respective agency at a time. Upon written request by a representative of the agency, within 10 days after the loss of a licensee-in-charge of an agency because of the death of that individual or because of the termination of the employment of that individual, the Department shall issue a temporary certificate of authority allowing the continuing operation of the licensed agency. No temporary certificate of authority shall be valid for more than 90 days. An extension of an additional 90 days may be granted upon written request by the representative of the agency. Not more than 2 extensions may be granted to any agency. No temporary permit shall be issued for a loss of the licensee-in-charge because of disciplinary action by the Department related to his or her conduct on behalf of the agency.

Check here if submitting a new request for Temporary Certificate of Authority

Check here if submitting a request for an extension of a Temporary Certificate of Authority

LICENSEE: *This form must be completed by the agency listed under the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act or their designee where temporary authority is being requested due to the loss of the licensee-in-charge meeting the guidelines as referenced below.*

1. AGENCY NAME	2. AGENCY LICENSE NUMBER	3. FEIN
4. NAME OF LICENSEE BEING REMOVED	5. LICENSE NUMBER OF LICENSEE BEING REMOVED	
6. NAME OF AN OFFICER OR OTHER AUTHORIZED PERSON WHO WILL SERVE AS A CONTACT WHILE ON TEMPORARY AUTHORITY STATUS		
7. BUSINESS ADDRESS OF CONTACT		8. TELEPHONE NUMBER OF CONTACT
9. DATE LICENSEE REMOVED FROM AGENCY	10. EMAIL ADDRESS OF AGENCY	

Certifying Statement

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

_____ Agency Contact

_____ Date

Once completed, email to FPR.SafetyUnit@Illinois.gov