

INSTRUCTIONS FOR MAKING APPLICATION FOR A PERMANENT EMPLOYEE REGISTRATION CARD (PERC)

NOTICE: The PERC shall expire on May 31, 2018 and every 3 years thereafter. You will receive your PERC renewal by e-mail approximately 90 days prior to the expiration date of your PERC. If you possess a valid Illinois detective, security contractor, alarm contractor, or locksmith license, then a PERC is not required to work for a licensed agency.

Before completing the application package, read each of the steps below and follow them as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. The application which you submit is valid for three years from the date of receipt.

EXEMPTIONS: *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 permanent employee registration card (PERC). The employing agency shall remain responsible for any peace officer employed under this exemption.*

A person employed as an unarmed security guard at a nuclear energy, storage, weapons, or development site or facility regulated by the Nuclear Regulatory Commission who has completed the background screening and training mandated by the rules and regulations of the Nuclear Regulatory Commission is exempt from registration for a Permanent Employee Registration Card.

NOTE: **If you have been issued a Permanent Employee Registration Card in the past, you may not apply for an additional card.** If your original PERC has expired, contact the Division's Call Center at 1-800-560-6420 and request a renewal. Please indicate any change of address on your renewal.

If your PERC has been lost you can print your PERC on-line at www.idfpr.com by selecting the e-License Search link.

If you have applied for a Permanent Employee Registration Card within the past 3 years but did not complete the application process, DO NOT submit another application. Contact the Division's Call Center at 1-800-560-6420 and request the status of your application.

APPLICATION INSTRUCTIONS

1. Complete the application in its entirety. An incomplete or illegible application will be returned.
2. Applicant must be at least 18 years of age to apply for a PERC in an unarmed capacity.
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 to obtain a license. 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. Submit a non-refundable registration fee of \$55.00, made payable to the Department of Financial and Professional Regulation.
5. Submit the appropriate security clearance documents (See [Security Clearance](#) below).
6. Forward application, copy of the electronic fingerprint receipt, and fee payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

SECURITY CLEARANCE

Permanent Employee Registration Cards will not be issued until security clearance is completed. Reference the page entitled **Important Notice / Criminal Background Check Information** for details on fingerprinting.

The security clearance requirement is waived for those applicants who submit supporting document **VE-PEC**, verifying their retirement from a peace officer position within one year of application. To order the **VE-PEC** form Contact the Division's Call Center at 1-800-560-6420.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

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.

If you possess a valid Illinois Detective, Security Contractor, Alarm Contractor or Locksmith license, then a PERC is NOT required to work for a licensed agency.

FOR OFFICIAL USE ONLY

APPLICATION FOR PERMANENT EMPLOYEE REGISTRATION CARD

IMPORTANT NOTICE: Submit a non-refundable registration fee of **\$55.00** made payable to IDFP. 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 any information will result in this form not being processed.

1. NAME (Last Name, First Name, Middle Initial)		2. UNITED STATES SOCIAL SECURITY NUMBER: (See Box # 16 Below.)		
3. HOME STREET ADDRESS (No P.O. Boxes)	4. CITY	5. STATE	6. ZIP CODE	7. COUNTY
8. E-MAIL ADDRESS (REQUIRED)	9. DATE OF BIRTH (M/D/Y)	10. AGE (18 yrs min.)	11. TELEPHONE NUMBER (____) _____ - _____	

12. 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

13. Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position? *If yes, attach explanation.* Yes No

14. Do you have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.* Yes No

15. Have you ever had a license or registration denied, suspended or revoked under the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act? *If yes, attach explanation.* Yes No

16. 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.")

17. 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

I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief and that I am legally authorized to sign this application.

Signature (in full-use no initials)

Date

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.

**RETURN TO: ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
ATTN: DIVISION OF PROFESSIONAL REGULATION, P.O. BOX 7007, SPRINGFIELD, ILLINOIS 62791**

<p>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 any information will result in this form not being processed.</p>	<p>EMPLOYEE'S STATEMENT</p> <p>To be retained in employee's personnel file by the employing agency.</p>	EMPLOYEE NUMBER
		DATE OF EMPLOYMENT

NAME AND ADDRESS OF EMPLOYING AGENCY	NAME OF EMPLOYEE	SOCIAL SECURITY NUMBER
	ADDRESS OF EMPLOYEE (Include Street, City, State, and ZIP Code)	
	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH
	E-MAIL ADDRESS (REQUIRED)	

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 certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.* Yes No

Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position? *If yes, attach explanation.* Yes No

Do you have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.* Yes No

Have you ever had a license or registration denied, suspended or revoked under the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act? Yes No
 If yes, attach explanation. _____

Please state business or occupation engaged in for the five (5) years immediately preceding the date of execution of this statement, the location of such business or occupation, and the names of employers, if any.

Date: _____ Signature of Employee: _____