



This card scan was completed by
FIRM Systems on:

___/___/___ at ___:___

FEE APP 

Fee Applicant Consent Release

Please Print Clearly

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ Date of Birth: (XX/XX/XXXX) _____

Place of Birth (State): _____ SEX: _____ Race: _____
Country, if outside U.S. _____

Address: _____ City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Phone: _____

Applicant Consent

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 that images of my fingerprints will be captured and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. 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.

Applicant Signature: _____ Date: _____

<input type="checkbox"/>	Concealed Carry Applicant - CCW
<input type="checkbox"/>	Video Gaming Location - IGB
<input type="checkbox"/>	Vehicle Dealer License (SOS)
<input type="checkbox"/>	Tow Truck Company
<input type="checkbox"/>	Security, PERC Card (IDFPR)
<input type="checkbox"/>	Pyrotechnics License (OSFM)
<input type="checkbox"/>	Explosives Licenses (DNR)
<input type="checkbox"/>	Tow Truck Driver/Owner ISP District
<input type="checkbox"/>	School District:

<input type="checkbox"/>	Physician License
<input type="checkbox"/>	Physician License by Endorsement
<input type="checkbox"/>	Chiropractic License
<input type="checkbox"/>	Chiropractic License by Endorsement
<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Licensed Practical Nurse
<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	Other:

DO NOT WRITE BELOW THIS LINE – For Office Use Only

BioScan Tek is a authorized service provider a licensed and insured State of IL Fingerprint Vendor Agency Illinois State Police

Proof of Identification: ___ Driver's License, ___ State ID, ___ FOID, ___ Passport, ___ Military ID, ___ Other _____

Method of Payment ___ Cash ___ Credit/Debit ___ Money Order ___ Other _____

Fee Amount: \$ _____ Billed _____ Collected _____

Agency ID: _____ Reference# _____

TCN: **LS11105L7787** Technician Name: _____

Technician License: **249.000290** Agency License: **262.000138**

If you have questions about the status of a search or results, please contact the Illinois State Police at 815-740-5160 option 2 or boi_customer_support@isp.state.il.us. Search results and status are not shared with this office. Biometric data is kept for 90 days locally and 3 years at the central office after which the data is erased. This document serves as your receipt and consent for a fingerprint based criminal background check. A copy of this document is retained for 2 years and is then destroyed.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of the application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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