

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

NOTICE: The PERC shall expire on May 31, 2012 and every 3 years thereafter. You will automatically receive your renewal application in the 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 Department's Springfield office at 217/782-0458 and request a renewal application. Please indicate any change of address on your renewal application.

If your PERC has been lost, a written request for a reprint of your card and a \$20.00 reprint fee must be sent to the address in #7 below.

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 Department at 217-782-8556 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. Attach one photograph to the application in the space provided.
7. Forward application (with photo attached), 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. See **Security Clearance** information on the back of this page 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 call 217-782-8556.

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

SECURITY CLEARANCE

Permanent Employee Registration Cards will not be issued until security clearance is completed. The applicant must contact one of the Livescan Certified Vendors on the attached list which have been approved for electronic fingerprint processing by the Illinois State Police.

Information regarding fees may be obtained from the respective vendor.



OUT-OF-STATE APPLICANTS

Once being ink and roll printed by a local police authority in any state, out-of-state applicants who are unable to schedule an appointment at an electronic fingerprint processing facility may submit a fingerprint card issued by the Illinois State Police and the appropriate fee to one of the designated vendors for electronic fingerprint processing listed above. With this method, the fingerprint card will be electronically scanned with the data being sent to the Illinois State Police and the FBI. You need to call the respective vendor to check on the processing fee for the fingerprint card.

A receipt substantiating proof of electronic fingerprint processing issued by the vendor at the time of being fingerprinted or the **FP-DET** certifying fingerprint submission (for out-of-state applicant) must be submitted to the Department along with the PERC application and fee.

Refer to the application instructions for details regarding application submission.

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 # 17 Below.)		
3. HOME STREET ADDRESS (No P.O. Boxes)	4. CITY	5. STATE	6. ZIP CODE	7. COUNTY
8. PLACE OF BIRTH (City and State)	9. DATE OF BIRTH (M/D/Y)	10. AGE (18 yrs min.)	11. TELEPHONE NUMBER (____) _____	

12. Have you ever been licensed as Private Detective, Private Security Contractor, Private Alarm Contractor, or Locksmith in Illinois or another State? Yes No *If yes, complete the following.*

List state(s) in which you have ever been licensed.	License Number	Dates of Licensure		Is license current?	Has license ever been revoked, or otherwise disciplined?
		From	To		

13. Have you ever been convicted of ANY criminal offense, including a misdemeanor or a felony?
If yes, include a detailed explanation of the nature of the offense and the final disposition of the case. Yes No

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

15. Do you suffer from habitual drunkenness or from narcotic addiction or dependence? *If yes, attach explanation.* Yes No

16. Have you ever been declared by any court incompetent by reason of mental or physical defect or disease? *If yes, attach explanation.* Yes No

17. 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?
(NOTE: If you are not subject to a child support order, answer "no.") Yes No

18. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/ guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes No

ATTACH RECENT
PHOTOGRAPH HERE.

DO NOT STAPLE

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.

USE TRANSPARENT TAPE
ON ALL SIDES OF PHOTO

RETURN TO: ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

EMPLOYEE'S STATEMENT
To be retained in employee's personnel file by the employing agency.

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

Have you ever been dishonorably discharged from the armed services?

Yes No

Have you ever been convicted of ANY criminal offense, including a misdemeanor or a felony?

Yes No

If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.

Have you been declared by any court incompetent by reason of mental or physical defect or disease?

Yes No

If yes, please explain. _____

Have you suffered from habitual drunkenness or from narcotic addiction or dependence?

Yes No

If yes, please explain. _____

Have you ever had a certificate denied, suspended or revoked under the Illinois Private Detective, Private Alarm, and Private Security, and Locksmith Act?

Yes No

If yes, please explain. _____

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:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

FP-DET

APPLICANT: *This form must be completed by out-of-state residents unable to utilize the live scan process for fingerprinting in the State of Illinois. Attach this certifying statement with the Application for Licensure and/or Examination or with the Application for Permanent Employee Registration Card as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER -----
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. Three digit profession code and profession name (Check one.) <input type="checkbox"/> 129 - Permanent Employee Registration <input type="checkbox"/> 115 - Private Detective <input type="checkbox"/> 119 - Private Security Contractor <input type="checkbox"/> 124 - Private Alarm Contractor <input type="checkbox"/> 191 - Locksmith	
6. MAIDEN OR GIVEN SURNAME		

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, _____, have submitted the required fingerprints pursuant to the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: _____

Signature: _____