

1st Choice Livescan Fingerprinting Inc.

4701 W Midlothian Turnpike, Suite 2
Crestwood, IL 60418

Out of State Card Scan – Instructions

1. Completely fill out the Out of State Fingerprint Form
2. Coordinate with your local police department or fingerprint vendor to fingerprint you on FD258 Fingerprint Cards **
3. Official taking your fingerprint shall verify your identity and fill out form OOS-FP Identity Verification Certifying Statement
4. Credit Card or Money order for \$60, if paying by Credit card fill out credit card authorization and include with packet or call in payment
5. Please include email address on next page to receive your results
6. Mail Completed Fingerprint Cards, Completed Card Scan Form, Completed OOS-FP and Payment to:

1st Choice Livescan Fingerprinting Inc.

4701 W Midlothian Turnpike, Suite 2

Crestwood IL 60418

(800) 807-5750 Ext 105

**** Fingerprint Quality – 1st Choice uses the best equipment available to the industry. However, the quality of the fingerprints on the card will determine if they are accepted or rejected. We routinely receive smudges where there should be fingerprints. If your fingerprints are determined to be AFIS unacceptable and rejected, you will need to send another set of fingerprints along with a resubmission fee of \$45. We encourage applicants to have the fingerprints digitally captured and printed to the cards.**

Please do not submit your application for license to the state until you receive the TCN number from us. The TCN number on the forms the State sends out are not correct for this purpose.

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Out of State Cardscan

Please Print Clearly:

Last Name: _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____ Sex _____ Race _____

Height _____ Weight _____ Current Hair Color _____ Eye Color _____

Phone # (____) _____ Social Security # ____ - ____ - ____

Place of Birth (State or Country) _____ How did you hear about us? _____

Reason for being printed:

<input type="checkbox"/>	LPN - Licensed Practical Nurse
<input type="checkbox"/>	RPN - Registered Nurse
<input type="checkbox"/>	PHY - Physicians License
<input type="checkbox"/>	PLE - Physicians License by Endorsement

<input type="checkbox"/>	CHI - Chiropractic License
<input type="checkbox"/>	CLE - Chiropractic by Endorsement
<input type="checkbox"/>	GRA - Cert Gen R.E. Appraiser
<input type="checkbox"/>	VDS - Vehicle Dealer Services
<input type="checkbox"/>	Other(Please List) -

I hereby authorize 1st Choice Livescan Fingerprinting to submit fingerprints on my behalf for the purpose listed above. I will hold 1st Choice, and any other persons directly involved with obtaining this criminal history check free of any cause of action or liability involving this criminal history check.

Email Address for Receipt: _____

Signature _____

Date _____

TCN # CS 11349 _____ Date Transmitted _____

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

IDENTITY VERIFICATION CERTIFYING STATEMENT

OOS-FP

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 | Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 | Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST	FIRST



I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 | Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:	
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

**1st Choice Livescan Fingerprinting Inc
Credit Card Authorization**

I the undersigned, authorize 1st Choice Livescan Fingerprinting to charge the credit card listed below for the fingerprinting services received:

- One Time Charge: Fingerprinting - \$60**
- Other Amount: Fingerprint per agreement \$ _____**

Client/Cardholder's Name (as it appears on card): _____

Client/Cardholder's Billing Address (as it appears on card billing statement)

Customer's Telephone Number (as listed with credit card company): _____

Credit Card Type: Visa Mastercard American Express **CCV #** _____

Credit Card Number: _____ Expiration Date: _____

(Note: The CCV # is the small extra 3-4-digit number located on the back of credit card)

I understand and agree to the charges incurred and will be charged to the credit card.

Cardholders Signature _____ **Date:** _____