



Phone: 773-685-5699  
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www.accuratebiometrics.com

# Illinois Concealed Carry Applicant Fingerprinting Form

Please Provide the Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Phone # \_\_\_\_\_

Place of Birth:(State or Country if outside USA): \_\_\_\_\_

## ORI-IL920707Z

As a convenience, we also are able to provide ink fingerprint cards needed for the following states (addition fee required)

**Arizona** \_\_\_\_\_ (2 cards required)

**Utah** \_\_\_\_\_ (1 card required)

Total Number of Cards Printed: \_\_\_\_\_

*You will need to consult with the individual state regarding fingerprint and training requirements. Accurate Biometrics is a fingerprint service company.*

\_\_\_\_\_  
(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# \_\_\_\_\_ Date Printed \_\_\_\_\_