



Concealed Carry Instructor Fee Live Scan Authorization Form

Concealed Carry Firearm Instructor Applicant Fingerprint Procedures

Pursuant to 430 ILCS 66/80(c)(3) and the Joint Committee on Administrative Rule, Title 20 Part 1265 the following criminal history background check procedures have been established for Concealed Carry Firearms Instructor Applicants. A full set of fingerprints must be submitted on the Fee Applicant form to the Department in an electronic format for all applicants.

This form will facilitate the fingerprint process for Concealed Carry Firearms Instructors. This form should be taken with you to a licensed live scan fingerprint vendor authorized to conduct business in the State of Illinois. The current list of licensed vendors is available on the ISP web site at <http://www.isp.state.il.us/docs/livescanfpvendlst.pdf>.

Facility Information

Requesting Agency ORI Identifier: **IL920707Z** Purpose Code: **CCI**

Request Type: **State and FBI**

Applicant Information

Name: Sex: Race: Date of Birth:

SSN: Drivers License #: DL State:

Livescan Vendor/Appointment Information

Vendor Name: Accurate Biometrics Address: 4849 N Milwaukee Avenue
Chicago, IL 60630

Phone Number: (773) 685-5699 Appointment Date: N/A Appointment Time: N/A

Transaction Control Number

The Transaction Control Number (TCN) will be provided to the applicant from the live scan vendor upon submitting the fingerprints to the Illinois State Police. The applicant is responsible for knowing this number as it will be required to complete the Concealed Carry Firearms Instructor Approval Application. The space below is provided for the applicant to record this number.

TRANSACTION CONTROL NUMBER (TCN)

Signature Certification

My signature authorizes the Illinois State Police to verify answers given with any government or private entity authorized to hold records relevant to my citizenship, criminal history and mental health treatment or history; to use the digital photo, demographic information, fingerprints and signature from my Illinois Driver's License or State Identification to create my approved Conceal Carry Instructor document; and to share my information as described in the Warning contained herein. Your fingerprint images will be used to search against the files of the Illinois State Police and Federal Bureau of Investigation and will be retained in such files. This should also serve as notice to the applicant of their right to challenge any criminal history record information used for licensing or employment purposes if you feel this information is incomplete or inaccurate. Procedures on how to challenge your criminal record is available via the internet at www.isp.state.il.us. Under penalties of perjury, I certify I have examined all the information provided for my application or renewal and, to the best of my knowledge, it is true, correct, and complete.

Applicant Consent

Applicant Name (printed):

Applicant Name (signature):

Date:

This Authorization form must be mailed along with the signed Concealed Carry Firearms Instructor Approval Signature Form and valid Firearms Instructor Certifications(s).