



IDFPR Fingerprinting Form

Illinois Department of Financial and Professional Regulation

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 # (____) _____

Social Security #: _____ - _____ - _____

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

	Registered Nurse
	Licensed Practical Nurse
	Security Guard (PERC)
	Massage Therapy
	Physician's License
	Physician's License by Endorsement
	Chiropractic License
	Chiropractic License by Endorsement
	Bank Charter-Pawn Brokers
	Locksmith
	Live Scan Fingerprint Vendor
	Other _____