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Illinois State Agencies-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 # (____) _____

Social Security #: _____ - _____ - _____

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

Please check the appropriate box below

Purpose of Fingerprinting		Illinois State Agency
<input type="checkbox"/>	Drivers Training Instructor	Secretary of State
<input type="checkbox"/>	Vehicle Dealer Licenses	Secretary of State
<input type="checkbox"/>	Video Gaming Licensee	Gaming Board
<input type="checkbox"/>	Medicaid/Medicare Vendors	Healthcare and Family Services
<input type="checkbox"/>	Nursing Home Resident	Identified Offender Program
<input type="checkbox"/>	Public Adjuster Licensee	Department of Insurance
<input type="checkbox"/>	Explosive License	Department of Natural Resources
<input type="checkbox"/>	Pyrotechnic Use License	State Fire Marshall
<input type="checkbox"/>	Other: _____ (Please specify reason)	

TCN# _____ Date Printed _____