Secureone, 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 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 $65, if Credit card fill out and include with packet
5. Mail Completed Fingerprint Cards, Completed Card Scan Form, Completed OOS-FP and Payment to:

Secureone Inc
4701 W Midlothian Turnpike, Suite
2 Crestwood IL 60418

Phone (708) 687-6018 Ext 110
Fax (708) 687-6019

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2 Crestwood, IL 60418

Fee Ap – Out of State Card Scan

Please Print Clearly:

Last Name: _____ First Name_____ MI _____

Address_____

City _____ State _____ Zip Code _____

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

Eye Color _____ Current Hair Color _____ Height _____ Weight _____

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

Place of Birth (State or Country) _____ Email _____

	LPN – Licensed Practical Nurse		RPN – Registered Nurse
	PHY – Physicians License		PLE – Physicians License by Endorsement
	SEC – Security Guard		PSA – Private Detective
	PSC – Private Security Contractor		RCB – Illinois Racing License
	CHI – Chiropractic License		CLE – Chiropractic License by Endorsement
	EIS – Early Intervention Services		VDS – Vehicle Dealer License
	CBD – Charter Bus Driver		Other -

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency organization, institution, or entity having such information on file. I authorize Secureone Inc. to capture and transmit my fingerprints to the Illinois State Police (ISP) and/or Federal Bureau of Investigation (FBI) for the purpose of checking my criminal history record information. I understand that my prints may be retained by the State Police and/or FBI pursuant to applicable statute. I understand that if my prints are AFIS unacceptable and reprinting is necessary to receive results, the customer is required to pay the reprint fee.

Signed _____ Dated _____

Office Use Only

TCN # CS11349L8137 _____ ORI _____

Phone (708) 687-6018 Ext 110
Fax (708) 687-6019

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:

Secureone Inc - Credit Card Authorization

I the undersigned, authorize Secureone, Inc to charge the credit card listed below for the following services:

☐ **One Time Charge: Fingerprinting $** _____

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:**_____

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