

City of Aurora, Illinois

44 E. Downer Place
Aurora, IL 60507

Live Scan Vendor Information Form **(Applicant MUST provide this form to the Live Scan Vendor)**

Agency Section

Agency/Organization Name: **Aurora Liquor Control Commission**

Agency ORI Number: **IL045010L**

Purpose Code: **LIQ**

Contact Person Name: **City Clerk – Jennifer Stallings**

Contact Person Phone Number: **(630) 256-3070**

Applicant Section

Name: _____

Sex: _____ Race: _____ Date of Birth: _____

Driver's License #: _____ DL State: _____

The costs of the criminal history background checks (fingerprinting) shall be paid by the applicant.



Fingerprint Background Check Guide

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Security Clearance Information

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check through a fingerprint vendor licensed by the Department. Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.

Illinois Fingerprint Vendors

1. Applicants may contact a live scan fingerprint vendor licensed by the Department to schedule an appointment for fingerprinting by [clicking here](#). Fingerprints must be taken for a criminal background check performed by both the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI). When complete, the results of the ISP and FBI background checks will be electronically transmitted to the Department.

Applicants should retain a copy of their fingerprint receipt provided by the live scan fingerprint vendor. The Department may request a copy of the receipt if an issue arises during the application process. Online applicants may enter their 16-digit **Transaction Control Number (TCN)** found on their live scan fingerprint receipt when initially submitting their license application.

Out-of-State Fingerprint Vendors

Out-of-State applicants who are unable to schedule an appointment for fingerprinting with an Illinois Fingerprint Vendor need to complete the following steps:

1. Complete Section 1 of the **Identity Verification Certifying Statement form (OOS-FP)**. See page 4 of this packet for form OOS-FP.
2. Locate a certifying agency outside of Illinois that performs fingerprinting such as a police department. The certifying agency will need to furnish one (1) FBI Fingerprint Card to obtain classifiable fingerprints.
3. Section 2 of the **Identity Verification Certifying Statement form (OOS-FP)** shall be completed and signed by the certifying agency.
4. [Click here](#) to select an Illinois Fingerprint Vendor that has “Card Scan” capability. Contact the vendor to determine the fee for a “Card Scan” of your fingerprints for a criminal background check performed by both the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI).
5. Mail the original **Identity Verification Certifying Statement form (OOS-FP)** (with Sections 1 and 2 completed), FBI Fingerprint Card and the required fee to the Illinois Fingerprint Vendor selected from the Department's website. When complete, the results of your ISP and FBI background checks will be electronically transmitted to the Department.

Applicants should retain a copy of their fingerprint receipt provided by the live scan fingerprint vendor. The Department may request a copy of the receipt if an issue arises during the application process. Online applicants may enter their 16-digit **Transaction Control Number (TCN)** found on their live scan fingerprint receipt when initially submitting their license application.

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: