INSTRUCTIONS FOR FILING AN APPLICATION FOR A CERTIFICATE TO CONDUCT AN AGENCY UNDER THE PRIVATE DETECTIVE, PRIVATE ALARM, PRIVATE SECURITY, FINGERPRINT VENDOR AND LOCKSMITH ACT

SOLE PROPRIETORSHIP ONLY

- 1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
- Your individual license must be current, as noted in BOX 5.
- 3. Submit original assumed name document filed in the county where d/b/a is registered, if applicable.

PARTNERSHIP ONLY

- 1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
- 2. <u>ALL</u> partners must hold a current license in this State with the same profession prefix.

CORPORATION ONLY

- 1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
- Attach the following documents which correspond to your application:
 - A. Illinois Corporations—A copy of the Articles of Incorporation.
 - B. A Certificate of Good Standing issued by the Illinois Secretary of State within the previous 60 days.
 - C. A listing of the officers and directors of the corporation, including license numbers.
 - D. Foreign Corporations (Those incorporated outside of Illinois) A copy of the Articles of Incorporation and a copy of the Application of Authority to conduct business in Illinois, as issued by the Illinois Secretary of State.
 - E. If a d/b/a is used, attach a copy of the assumed name document, as issued by the Illinois Secretary of State.
- 3. At least one officer or executive employee must hold a current certificate of registration in this State. The licensed officer or executive employee shall be responsible for the activities of the agency.

PROFESSIONAL LIMITED LIABILITY COMPANY

- 1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
- Attach a copy of the Articles of Organization, with a purpose clause specific to the profession.
- 3. A Certificate of Good Standing issued by the Illinois Secretary of State within the previous 60 days.
- 4. A listing of the members of the professional limited liability company and their license numbers, if applicable.
- 5. At least one officer or executive employee must hold a current certificate of registration in this State. The licensed officer or executive employee shall be responsible for the activities of the agency.

INSTRUCTIONS FOR FILING AN APPLICATION FOR A CERTIFICATE TO CONDUCT AN AGENCY UNDER THE PRIVATE DETECTIVE, PRIVATE ALARM, PRIVATE SECURITY, FINGERPRINT VENDOR AND LOCKSMITH ACT CONTINUED

LOCKSMITH AGENCIES (submit a signed and dated statement which includes the following information)

- 1. Verifies that the address of record as listed in box 1 of the application is, or will be, used to conduct the locksmith agency business.
- 2. A list of all trade or business names used by the licensee.
- 3 The name of the owner or operator.
- 4. The address(es) of record of the corporate officers.

FINGERPRINT VENDOR AGENCIES (include the following with the application)

- 1. Submit proof of device identification numbers on Supporting Document FPV-DI.
- 2. Submit a copy of the Certification Letter issued by Illinois State Police which shows that the fingerprinting equipment, being utilized as referenced on the FPV-DI form, and software meets all specifications of the Illinois State Police.

GOVERNMENT ENTITY ONLY

- 1. Forward a fee of \$500 made payable to the Department of Financial and Professional Regulation in the form of a check or money order. This fee is not refundable.
- 2. Include a statement on business letterhead referencing a government entity is applying where no filing with the Illinois Secretary of State is in place.

RETURN APPLICATION TO: FOR OFFICIAL USE ONLY IMPORTANT NOTICE: Completion of this form is necessary to accomplish the STATE OF ILLINOIS requirements outlined in 225 ILCS 447/1 et. DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION License Number Issued seq. (Illinois Compiled Statutes). Disclosure ATTN: DIVISION OF PROFESSIONAL REGULATION of this information is REQUIRED. Failure to P.O. Box 7007 provide any information will result in this form Springfield Illinois 62791 not being processed. Date License Issued Type of Business: Detective Agency - 117 Security Contractor Agency - 122 Locksmith Agency - 192 (Check One) Alarm Contractor Agency - 127 Fingerprint Vendor Agency - 262 Have you ever made an application for an agency license? Yes No FEIN No.: 1. NAME OF AGENCY—Print name exactly as you wish it to appear on any certificate issued. 2. BUSINESS PHONE (Include Area Code) 3. ADDRESS OF PRINCIPAL OFFICE IN ILLINOIS - Street, City, State, ZIP Code AND 4. E-MAIL ADDRESS OF FULL-TIME LICENSEE-IN-CHARGE OF THIS AGENCY (REQUIRED) P.O. Box if available. (The P.O. Box by itself is not acceptable for Agency Address.) 5. NAME AND LICENSE NUMBER OF LICENSEE-IN-CHARGE CHECK TYPE OF OWNERSHIP AND COMPLETE APPROPRIATE SECTION Sole Proprietorship—Owner of Agency ______ License No. _____ PARTNERSHIP—List all names of the members. (If additional space is necessary, use an extra sheet of paper.) **Partners** Address License Number CORPORATION Name of Corporation _____ Address of Corporation ____ Name(s) License Number(s) (If Licensed) President _____ Vice President _____ Secretary _____ Treasurer PROFESSIONAL LIMITED LIABILITY COMPANY - (If additional space is necessary, use an extra sheet of paper.) Name of Professional Limited Liability Company Member(s) License Number(s) Address ___ GOVERNMENT ENTITY - (school district, etc) Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct and completed and the licensee-in-charge is a full-time executive employee or owner.

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Signature of Applicant