



2555 Lincoln Hwy Suite 203
Olympia Fields, IL 60461
(708) 534-3994
www.IntelligentsETV.com

OFFICE ONLY

Purpose: _____

Payment Method: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Birth Date: _____

Gender: _____

Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Place of Birth: _____

Phone: _____

Email: _____

By signing below, I acknowledge and 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 am aware and understand that my fingerprints may and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

*Sign and Date on day of appointment:

X _____ Date: _____

For Office Use Only:

Applicant TCN#: LS11573L8438 _____ State ID _____

Technician: _____

TCN# Verification Questions – ISP 815-740-5160 Ext. 2

Payment Methods: All Major Credit Cards • Debit Cards • Money Order • Cashier's Check • Company Check • Pre-approved Billing Terms • No Cash or Personal Checks Accepted