



2555 Lincoln Hwy | Suite 203 | Olympia Fields, IL 60461

IDFPR FINGERPRINT FORM

Illinois Department of Financial & Professional Regulation

Please provide the following information (Please Print Clearly)

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____

State: _____ ZipCode: _____ Date of Birth ____/____/____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Phone:() _____

SS#: _____ - _____ - _____

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

| | |
|--|-------------------------------------|
| | Bank Charter-Pawn Brokers |
| | Cannabis Dispensing Agent |
| | Chiropractic License |
| | Chiropractic License By Endorsement |
| | Licensed Practical Nurse |
| | Live Scan Fingerprint Vendor |
| | Locksmith |
| | Massage Therapy |
| | Physicians License |
| | Physician's License By Endorsement |
| | Private Alarm Contractor |
| | Private Detective |
| | Registered Nurse |
| | Security Guard (PERC) |
| | Other |

TCN# _____ Date Printed: _____