



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL

Out-of-State Fingerprint Instructions

Applicants who reside in another state and are unable to schedule an appointment with a licensed fingerprint vendor in the State of Illinois may request a Fee Applicant Card for out-of-state fingerprinting. Fee Applicant Cards are issued by the Illinois State Police Bureau of Identification. Please contact the Office of the Illinois State Fire Marshal's at (217) 524-0769 or email your request for a Fee Applicant Card to sfm.pyrofireworks@illinois.gov. The OSFM will mail one (1) Fee Applicant Card and one (1) Identity Verification Certifying Statement (Form OOS-FP) upon request.

The Fee Applicant Card and Identity Verification Certifying Statement (Form OOS-FP) must be taken to the applicant's local police department in the state the applicant resides in order to obtain classifiable fingerprints. The police department must use ink to record the applicant's fingerprint images on the Fee Applicant Card. The police department must also complete and sign Section 2 of Form OOS-FP. Section 1 must be completed by the applicant.

The Fee Applicant Card and Form OOS-FP (with Sections 1 and 2 completed) must then be mailed to a licensed fingerprint vendor (**see note below**) with "Card Scan" capability along with the required processing fee. *(NOTE: Fingerprints must be taken and submitted to a licensed "card scan" vendor within 30 days of being fingerprinted.)*

The licensed card scan vendor will scan the Fee Applicant Card and transmit the applicant's fingerprint information to the Illinois State Police. A criminal history background check is then performed by the Illinois State Police and the FBI. When completed, the Illinois State Police transmits the results of the applicant's State and FBI criminal history background check to OSFM.

Note Regarding Licensed Card Scan Fingerprint Vendors

** Please access the list of licensed fingerprint vendors on the IDFPR website at <https://idfpr.illinois.gov/LicenseLookUp/fingerprintlist.asp> and select a licensed vendor with "Card Scan" capability. Contact the licensed vendor to determine the processing fee for a "Card Scan" for Fee Applicants requesting a State & FBI criminal history background check. Then mail the Fee Applicant Card, Form OOS-FP (with Sections 1 and 2 completed), and the required processing fee directly to the licensed vendor at the address obtained from the IDFPR website. You must also mail a copy of Form OOS-FP (with Sections 1 and 2 completed) directly to OSFM. **

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 driver's 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:(Pyrotechnic - Office of the Illinois State Fire Marshal)	
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:
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST:	FIRST:
<input type="checkbox"/> 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: OFFICE OF THE ILLINOIS STATE FIRE MARSHAL	REQUESTING STATE AGENCY ORI: ORI: IL920690Z / PURPOSE CODE: PDA
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

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 be retained 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.

Applicant Name (printed):

Applicant Name (signature):

Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.