

Illinois Department of Insurance Fingerprint Consent Form

Pursuant to Public Act 096-1332, public insurance adjusters applying for licensure are required to undergo a state and national criminal history record check. This requires a set of fingerprints to be taken and electronically submitted to the Illinois State Police and Federal Bureau of Investigation for processing. This form is to be completed by the applicant seeking to have a Fee Applicant fingerprint based criminal history record check completed in accordance with the Act. This form is designed to capture the necessary information required by live scan vendors to ensure the fingerprints are submitted properly. The live scan vendor will use the applicant information contained on the form to help confirm the identification documentation provided by the applicant before the fingerprints are taken. This document also serves as a consent form. Consequently, the form must be signed by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant. One copy is to be provided to the live scan fingerprinting vendor and one copy is to be given to the applicant. The results of both inquires will be forwarded to the Illinois Department of Insurance as part of the application process.

Facility Information

Agency Name:		Requesting Agency ORI Identifier: IL920702Z (Illinois Department of Insurance)	
Cost Center: (if required)	Purpose Code: PAL (Public Adjuster Licensee)	Request Type: State and FBI <input checked="" type="checkbox"/>	
Contact Person Name:		Contact Person Phone #:	

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (optional):	Drivers License #:		DL State:

Livescan Vendor/Appointment Information

Vendor Name:	Address:		
Phone Number:	Appointment Date:	Appointment Time:	

Privacy Statement

I, the undersigned, 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. 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.

Applicant Consent

Applicant Name (printed):	Date:
Applicant Name (signature):	Date: