

A Plus Safety, Inc. 2735 W. 71st. street Chicago, IL 60629

Phone: 773.260.0247

Email: service@asafetytraining.com

www.asafetytraining.com

FINGERPRINTING CHECK LIST

In order to mail your fingerprint card to us, first find a local source to take your fingerprint with Black Ink or Digital on FD-258 cards. You may go to any private fingerprint business or any police station or sheriff's office in your local area. Generally they provide FD-258 fingerprint cards, or you can print and bring the FD-258 forms that are attached

Pleas	se mark the following checkboxes 🗹 and mail this page with your materials.
	Enclose the following items and mail to: A Plus Safety Training 2735 W. 71st Street. Chicago, IL 60629
	Please enclose a U.S Postal money order or Cashiers Check in the amount of \$70.00 USD, or make a payment using your Credit or Debit Card. (See included Credit/Debit Card Payment Form) We also accept Western Union money orders, or other money orders, payable to "A Plus Safety, Inc." in the amount of \$70.00 USD.
	One or two completed fingerprint cards in Black Ink or Digital. We recommend sending two cards, in case the first card is unreadable. The fingerprint cards may be printed on regular office paper. USE A LARGE ENVELOPE. DO NOT BEND THE CARDS.
	Identify Verification Certifying Statement (OOS-FP) - ORIGINAL VERSION Section 1 is completed by you. Section 2 is completed by the agent taking your fingerprints. Please leave the TCN:FRM field blank. We must receive the original version.
	I have kept a copy of the completed OOS-FP for myself. Keep a COPY of the completed OOS-FP for yourself - we cannot return the version you send us. ** You MUST have your own copy of the OOS-FP to submit to IDFPR in Springfield IL. **
	I understand that I will receive a TCN number via e-mail. Upon receiving your fingerprint cards, we will scan them and our live scan system will generate a TCN number. We will e-mail this number to you.
	A copy of your driver's license or State ID, or a copy of your U.S. or Foreign Passport. Please clearly write your e-mail and telephone number on the copy of your IO/Passport.
	"Your Contact Information" page and "Fingerprint Check List" page.
	** If you are a Medical Cannahis applicant, please include your Fingerprint Consent Form

Questions: please email: service@aplustrainingchicago.com

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 finger-printed. 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 drivers 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: FIRS		il di	MIDDLE:	PHONE NUMBER:		
MAIDEN NA	ME/GIVEN SURNAME:	POSITION / REASON FINGE	RPRINTED: (NUF	RSE/DOCTOR/SECURITY GUARD, ETC)		
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH			
Section 2	Certifying Agency Taking Finge	rprints (Include TCN from	Fee Applicant	card)		
AGENCY NA	AME:	TCN: FRM				
DATE FING	ERPRINT TAKEN: / /	CONTACT PHONE NUMBE	R: () -		
PRINTING A	GENT'S NAME: LAST		FIRST			
	I have compared the governmen best determination, I have finger					
PRINTING A	GENT'S SIGNATURE:					
	Illinois Live So	can Fingerprint Ve	ndor Info	rmation		
Section 3	Fingerprint Vendor Agency Nan	ne				
LIVE SCAN	FP AGENCY NAME:					
REQUESTIN	G STATE AGENCY:		REQUESTING	STATE AGENCY ORI:		
DATE FINGERPRINTS SUBMITTED TO ISP:			COST CENTE	R USED:		
TCN: 1	LS					

APPLICANT * See Privacy Act Notice on Back FD-258 (Rev. 5-15-17) 1110-0046	LEAVE BLANK	LAST NAME NAM	PRINT ALL INFOR FIRST NAME		CK IDDLE NAME	FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINT	ED	ALIASES AKA	0		*		
			R			rS	
RESIDENCE OF PERSON FINGERPRINT	TED				•		DATE OF BIRTH DOB Month Day Year
		CITIZENSHIP CTZ	SEX	RACE HGT.	WGT. EY	ES HAIR	PLACE OF BIRTH POB
DATE SIGNATURE OF OFFICIA	AL TAKING FINGERPRINTS	YOUR NO. OCA		2 5	LEAVE	BLANK	
EMPLOYER AND ADDRESS		UNIVERSAL CONTROL NO. UCN					
		ARMED FORCES NO. MN	IU	LASS			
REASON FINGERPRINTED		SOCIAL SECURITY NO. S	ос	REF.			
		MISCELLANEOUS NO. MI	NU				
1. R. THUMB	2. R. INDEX 7. L. INDEX	3. R. MIDDLE 8. L. MIDDLE		4. R. RING		5.R.LIT	
LEFT FOUR FINGE	RS TAKEN SIMULTANEOUSLY	L. THUMB	R. THUMB	ũ	RIGHT FOUR FINGE	ERS TAKEN SIMUL	TANEOUSLY



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VISUAL CHECK LIST

Please mail the following items with your fingerprint package, recommended by UPS or FEDEX.



CHECK LIST



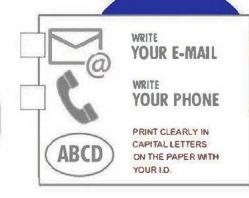
OOS-FP



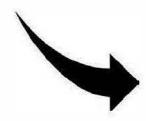
FINGERPRINT CARDS

2 Recommended DO NOT BEND







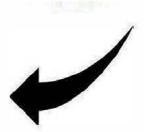


DO NOT BEND FINGERPRINT CARDS.
USE A LARGE ENVELOPE.

Mail To

A Plus SAFETY TRAINING

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CONTACT INFORMATION FORM

Applicant Name: AS IT APPEARS ON THE FINGERPRINT CAI	RD	
Applicant Phone:		
Applicant E-Mail:		
	PLEASE PRINT CLEARLY IN CAPITAL LETTERS	
Company Name:(if applicable)		
Company Contact Person: (if applicable)		Company Phone:(if applicable)
	PLEASE PRINT CLEARLY IN CAPITAL LETTERS	
	PAYMENT AND SUBMISSI Check box to Acknowledge you understand that Fingerprin to the State for process until payment is made via paymen	sts will not be submitted