



A Plus Safety, Inc.
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EXPEDITED FINGERPRINTING CHECK LIST

In order to mail or expedite 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 sheriffs office in your local area. Generally they provide Fo.258 fingerprint cards, or you can print and bring the FD-258 forms that are attached below.

Please mark the following check-boxes ☒ and mail this page with your materials.

- ☐ Complete the Online request for expedited service, scan and upload the below items:
 - ☐ One digital fingerprint cards (FD.258 fingerprint cards)
 - ☐ Identify Verification Certifying Statement (OOS-FP) - Section 1 and 2 completed and signed. No TCN required in Section 2.
 - ☐ A copy of your driver's license or State ID, or a copy of your U.S. or Foreign Passport.
 - ☐ Your Contact Information page.
 - ☐ I will pay \$95.00 USC upon receiving the Online link you will receive via email.
 - ☐ I understand that I will receive a 16-digit TCN number via e-mail.

Upon receiving your fingerprint cards, we will scan them and our live scan system wil generate a TCN number. We will e-rnail this number to you.

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 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 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:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
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: FRM
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST	FIRST



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:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

TCN: LS _____

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



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CONTACT INFORMATION FORM

Applicant Name: _____
AS IT APPEARS ON THE FINGERPRINT CARD

Applicant Phone: _____

Applicant E-Mail: _____
PLEASE PRINT CLEARLY IN CAPITAL LETTERS

Company Name: _____
(if applicable)

Company Contact Person: _____ Company Phone: _____
(if applicable) (if applicable)

Company E-Mail: _____
(if applicable) PLEASE PRINT CLEARLY IN CAPITAL LETTERS

PAYMENT AND SUBMISSION

☐

Check box to Acknowledge you understand that Fingerprints will not be submitted to the State for process until payment is made via payment link.