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LIVESCAN FINGERPRINTING SERVICES

LIVESCAN APPLICANT CONSENT FORM

Livescan Vendor Information

Vendor Name: Citizen's Firearms Training Agency / Org. ORI # _____

Vendor Address: 7207 Delaware Rd. Wonder Lake IL 60097 Purpose Code: _____

Applicant Information

Name: last, first, middle					Sex:	Date of Birth:
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Height:	Weight:	Eye Color:	Hair Color:	Race:	Address:
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Place of Birth:	Drivers License #:	DL State
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Social Security Number: (optional)	Phone Number:	Alternate Number:
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Requestor Information (For UCIA Applicants Only)

Name: _____ Agency Name: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____

Applicant Consent

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 (ISP) and/or the Federal Bureau of Investigation (FBI). In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Applicant Name Printed:	Date:
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Applicant Name Signature:	
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TCN / DCN:	Date Fingerprinted:
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