

Regional Office of Education 41

Concealed Carry Fingerprinting

Location: 157 North Main Street, Suite 438 Edwardsville, IL 62025

Phone: 618-296-4530

Location Note: You will find us in the Administration Building next to the Madison County Courthouse

Hours: Monday – Friday, 8:30 – 4:00pm

Cost: \$42.00 Cash Only

Purpose Code: CCW for Licenses, CCI for Instructors **ORI:** IL920707Z

First Name		Last Name		Middle Initial	
Maiden Name/ Other Names Used		SSN		DOB	State of Birth
Address		City		State	Zip
Gender	Race	Eye Color	Hair Color	Height	Weight
Drivers License Number		State Issued		Phone Number	

Applicant Verification and Authorization

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. If your fingerprints are AFIS unacceptable and reprinting is necessary to receive results, the customer is required to pay the reprint fee.

Signature of Applicant

Signature

Date

Office Use Only

Transaction Control Number (TCN): _____

Technician Signature: _____

Date: _____

Time: _____

*Form effective 10/2018. No other forms will be accepted. Privacy Statement on Page 2 must be included.

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.

*Form effective 10/2018. No other forms will be accepted. Privacy Statement on Page 2 must be included.