

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 and break from 1:00 – 2:00 for lunch

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

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 authorize the Regional Office of Education in Madison County to capture and securely transmit my fingerprints to the Illinois State Police and/or Federal Bureau of Investigations for the purpose of checking my criminal history record information. I further understand that my fingerprints may be retained by the Illinois State Police and/or Federal Bureau of Investigation pursuant to applicable statute.

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: _____