

St. Clair County Regional Office of Education 50

Concealed Carry

Location: 1000 South Illinois Street, Belleville, IL 62220

Phone: 618-825-3902

Fingerprinting Hours: 8:30 a.m. - 12 p.m. and 2 p.m. - 4 p.m.

PLEASE BRING YOUR DRIVER'S LICENSE OR STATE ID

Cost: \$45 Cash Only

_____ First Name		_____ Last Name		_____ Middle Initial	
_____ Maiden Name		_____ SSN #		_____ DOB	_____ State/Place of Birth
_____ Address		_____ City		_____ State	_____ Zip
_____ Gender	_____ Race	_____ Eye Color	_____ Hair Color	_____ Height	_____ Weight
_____ Driver's License Number		_____ State Issued	_____ Phone Number		
Applicant Verification and Authorization					
<p>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 St. Clair County Regional Office of Education to capture and securely transmit my fingerprints to the Illinois State Police and/or Federal Bureau of Investigation for the purpose of checking my criminal history record information. I further understand my fingerprints may be retained by the Illinois State Police and/or Federal Bureau of Investigation pursuant to applicable statute.</p>					
Signature of Applicant					
_____ Signature			_____ Date		

Office Use Only	Office Use Only
_____ TCN #	_____ TCN #
_____ Technician Signature <u>CCW (Licenses) CCI (Instructors)</u>	_____ Technician Signature <u>CCW (Licenses) CCI (Instructors)</u>
_____ Purpose Code <u>IL920707Z</u>	_____ Purpose Code <u>IL920707Z</u>
_____ ORI	_____ ORI
_____ Date	_____ Date
_____ Time	_____ Time

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.

Applicant Consent

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.

Applicant Name (printed):

Applicant Name (signature):

Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.