

Trace Identity Services, Inc.

www.traceidentitysi.com

email: traceidentity@sbcglobal.net

222 Vollmer Rd. Suite LLD

Chicago Heights, IL. 60411

(708) 754-2900 Fax (708) 754-2999

Out of State Fingerprinting Card Scan Form

Provide the Following Information (Please Print Clearly)

Residence of person fingerprinted

Last Name: _____ First Name: _____ Middle : _____

Address: _____ City: _____ State: _____ Zip _____

Date of Birth: ____/____/____ Sex: ____ Race ____ Height ____ Weight _____

Hair Color: _____ Eye color: _____ Social Security# ____/____/____

Place of Birth (State or Country if outside USA) _____

Country of Citizenship: US-United States ____ CD-Canada ____ MM-Mexico ____

Telephone Number (____) _____

Email Address: _____

(Please print neatly in all capital letters)

Please check purpose of fingerprinting below:

<input type="checkbox"/>	Registered Nurse (RN)	<input type="checkbox"/>	Chiropractic Licensee (CHI)
<input type="checkbox"/>	Licensed Practical Nurse (LPN)	<input type="checkbox"/>	Physician Licensee (PHY)
<input type="checkbox"/>	Massage Therapist (MTH)	<input type="checkbox"/>	Private Security (Perc Card)
<input type="checkbox"/>	Real Estate Appraisers (GRA/RRA/ARA)	<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Please include the following in mailing envelope to: **Trace Identity Services, Inc.**

222 Vollmer Rd. Suite LLD (Lower Level)

Chicago Heights, IL. 60411

Completed Fingerprint Card Black Ink or Digital

Payment: Money Order, Company Check or Credit Card Payment
(No personal checks)

Out of State Fingerprinting Card Scan Form

Identity Verification Certifying Statement (OOS-FP) completed original form
1st and 2nd sections

Copy of your Driver's license, State ID or U.S. Passport

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The authorized (Agency) requires all applicants in the Agency's screening or approval process for the purpose identified above to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant (See Page 3)** in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency or Organization for review.

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.

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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.

Credit Card Payment Form

*Required Fields
Applicant Name

*Name
(as it
appears on credit card)
Company Name (if applicable)

*Billing Address

Billing Address 2

*City

*State/Province

*Postal (Zip) Code

*Country

Payment Information

Please Circle:

Visa Mastercard American Express Discover Money order

Credit Card Number# _____ Expiration _____

Name on Card: _____

3 or 4 digit CVV Code Listed on the back of credit card _____

Phone Number: (_____) _____

*Total Amount to be Billed to Credit Card \$

I understand and agree to the cardholder agreement and by doing so, give Trace Identity Services, Inc. permission to charge the above card for amount listed.

*Card Holder Signature _____