



www.firmsystems.net

206 S. Sixth Street
Springfield, IL 62701

Phone 866-721-1203
FAX: 217-753-9315

Fee Applicant Consent Release

Please Print Clearly

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ Date of Birth: (XX/XX/XXX) _____

Place of Birth (State or Country, if outside of USA): _____ Sex: _____ Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Phone: _____

Applicant Authorization

Without reservation, I authorize this organization to procure my criminal history record and to furnish this information concerning my criminal history record check or other history as may be required.

Applicant Signature: _____ Date: _____

| | |
|--|-----------------------------|
| | Conceal Carry Permit (ISP) |
| | Nurse, RN or LPN (IDFPR) |
| | Security, PERC (IDFPR) |
| | Video Gaming Location (IGB) |
| | Other: |

DO NOT WRITE BELOW THIS LINE – For Office Use Only

Proof of Identification: __ Drivers License, __ State ID, __ FOID, __ Passport, __ Military ID, __ Other, _____

Method of Payment: __ CASH, __ Credit/Debit Card, __ Money Order, __ Company Check, _____

Fee Amount: \$ _____ Billed _____ Collected _____

TCN: LS 10970 L 7489 _____ Technician: _____

RED DOT ARMS is an authorized service provider for FIRM SYSTEMS
A licensed and Insured State of IL Fingerprint Vendor Agency

Illinois State Police
Bureau of Identification Customer Service
815-740-5160

Have your TCN # available

ALLOW 72 HOURS FOR THE ISP TO PROCESS YOUR PRINTS