

Technician Instructions

Machine: **Firm or Cross Match**
Form Type: FEE
Purpose Code: SEC
ORI: IL920020Z
Tech Name: _____
Tech License No: _____
Business License No: 262000041
PAID:



Fingerprinting Background Investigation Authorization and Release Form

Last Name: _____ First Name: _____

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

Day Time Phone: _____ Date of Birth: ____/____/____

A = Asian/Pacific Islander: B = Black/African American:
C = Caucasian: I = Native American/Alaskan: U = Unknown

Social Security Number _____

Race: _____ What Country are you a citizen of? _____

Sex: Male or Female

Birth Place: City _____ State: _____

Height: Ft. ____ In. ____ Weight: ____ lbs Eye Color: ____ Hair Color: ____

Driver's License Number: _____ What state is this from? _____

What are you fingerprinting for? _____ What is the Company Name? _____

Fingerprinting Policy and Procedures

The information above is needed in order for us to provide sufficient information to the Illinois State Police and or the FBI to perform your background check. Be advised that your fingerprints expire after 30 days from the date that you were fingerprinted. So you would need to submit your license application to the requesting agency ASAP! If you fail to send and your fingerprints expire, you will have to be re-fingerprinted at your own expense. Please check to make sure you are fingerprinted for the correct license above, if you fail to give us the correct information and your fingerprints go to the wrong agency you will have to be re-fingerprinted at your own expense.

Be advised that we are not responsible if your fingerprints are worn down and are unable to be read by the Illinois State Police and or FBI. Should you need to be re-fingerprinted for worn out fingerprints you will be charged a 10.00 re-print fee. The Illinois State police want you to be fingerprinted at least twice for worn out fingerprints then they would perform a name check. You will not be charged for the name check. If your fingerprints are worn it will prolong your process in getting your license.

ATTENTION! Understand that a Tracking number can only be used one time per request. You cannot use the same tracking number for another license or background check. You will need to fingerprint again and get a new Tracking number if you are trying to get multiple licenses or have to send your background results to more than one receiving agency.

By signing below you acknowledge our fingerprinting policies, and have checked to made sure you are fingerprinting for the correct license. You further understand that we will not audit the personal information that you have provided to us. The information that you have provided is true and correct to the best of your knowledge. You also give AGB Investigative Services permission to collect your personal information and send it to the Illinois state police and or FBI for Licensing and or background and or licensing purposes.

NOTE: IF YOU HAVE BEEN FINGERPRINTED AND YOU OR THE RECEIVING AGENCY HAVE NOT RECEIVED YOUR BACKGROUND CHECK WITHIN 30 DAYS. PLEASE CALL THE ILLINOIS STATE POLICE AT (815) 740-5160 EXT. 5. THEY WILL HAVE THE INFORMAITON ON THE CURRENT STATUS OF YOUR FINGERPRINT RESULTS, USING THE TRACKING NUMBER BELOW.

Fingerprint Tracking number: **LS10674L6179** ____ -- ____ -- ____ -- ____
 Fingerprint Tracking number: **LS11098L7777** ____ -- ____ -- ____ -- ____
 INK CARD

FINGERPRINTING SERVICES PROVIDED BY: AGB Investigative Services Inc.
2033 W. 95th St. Chicago, IL 60643
Phone (773) 445-4300 Fax (773) 445-4316 www.agbinvestigative.com

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.