



www.firmsystems.net

206 S. Sixth Street
Springfield, IL 62701

Phone: 866-721-1203
FAX: 217-753-931

Fee Applicant Consent Release

Please Print Clearly

Last Name: _____ First Name: _____ MI: _____

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

Place of Birth (State or Country, if outside 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: _____

<input type="checkbox"/>	Registered Nurse , RN (IDFPR) -
<input type="checkbox"/>	Licensed Practical Nurse, LPN (IDFPR)
<input type="checkbox"/>	Security, PERC (IDFPR)
<input type="checkbox"/>	Massage Therapy (IDFPR)
<input type="checkbox"/>	Vehicle Dealer (SOS)
<input type="checkbox"/>	Explosives License (DNR)
<input type="checkbox"/>	Pyrotechnic License (OSFM)
<input type="checkbox"/>	Video Gaming Location (IGB)
<input type="checkbox"/>	Non-Emergency Transport (OIG)
<input type="checkbox"/>	School Teacher – Name of School:
<input type="checkbox"/>	School Bus Driver – Name of School:
<input type="checkbox"/>	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: LS10979L753 Technician Name: _____