

A Fingerprinting U S Photo, Inc.

210 S Clark St
THE CLARK ADAMS BUILDING
Ground Floor Lobby
Chicago, IL 60603

Ph: 312-782-8144 / 312-782-8143

Email: fingerprintingchicago@gmail.com

www.fingerprintingchicago.com

Any questions, please e-mail: fingerprintingchicago@gmail.com

FINGERPRINTING CHECK LIST

In order to mail your fingerprint card to us, first find a local source to take your fingerprint with Black Ink or Digital on FD-258 cards. You may go to **any private fingerprint business or any police station or sheriff's office in your local area**. Generally they provide FD-258 fingerprint cards, or you can print and bring the FD-258 forms that are attached below.

Please mark the following checkboxes ☒ and mail this page with your materials.

☐

Enclose the following items and mail to: A Fingerprinting US Photo,
210 S Clark St, The Clark Adams Building, Chicago IL 60603

☐

Please enclose a U.S Postal money order or Cashiers Check in the amount of
\$60.00 USD, or make a payment using your Credit or Debit Card.

(See included Credit/Debit Card Payment Form)

We also accept Western Union money orders, or other money orders, payable to "A Fingerprinting U S Photo".

Once we receive your fingerprint package, we will process your order and **no refunds will be issued**. If you do not include payment, your order will be held for 30 days without being processed. After 30 days, we will shred your documents.

☐

One or two completed fingerprint cards in Black Ink or Digital.

We recommend sending two cards, in case the first card is unreadable.

The fingerprint cards may be printed on regular office paper. **USE A LARGE ENVELOPE. DO NOT BEND THE CARDS.**

☐

Identify Verification Certifying Statement (OOS-FP) - ORIGINAL VERSION

Section 1 is completed by you. Section 2 is completed by the agent taking your fingerprints. Please leave the TCN:FRM field blank. **We must receive the original version.**

☐

I have kept a copy of the completed OOS-FP for myself.

Keep a COPY of the completed OOS-FP for yourself - we cannot return the version you send us. ** You MUST have your own copy of the OOS-FP to submit to IDFPF in Springfield IL. **

☐

I understand that I will receive a TCN number via e-mail.

Upon receiving your fingerprint cards, we will scan them and our live scan system will generate a TCN number. We will e-mail this number to you.

☐

A copy of your driver's license or State ID, or a copy of your U.S. or

Foreign Passport. **Please clearly write your e-mail and telephone number on the copy of your ID/Passport.**

☐

"Your Contact Information" page and "Fingerprint Check List" page.

**** If you are a Medical Cannabis applicant, please include your Fingerprint Consent Form.**

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YOUR CONTACT INFORMATION

What is your Reason for Being Fingerprinted? ☒ CHECK ONLY ONE BOX BELOW

Physician's License (First Time) / PHY IL920704Z	
Physician's License by Endorsement / PLE IL920704Z (Already licensed in another state)	
Chiropractor (First Time) / CHI IL920704Z	
Chiropractor's License by Endorsement / CLE IL920704Z (Already licensed in another state)	
Bank Charter (Management Staff), Pawn Broker / BCA IL920550Z	
Registered Nurse / RPN IL920630Z	Cannabis Dispensing Agent / DOA IL920715Z
Licensed Professional Nurse / LPN IL920630Z	Cannabis Dispensing Agent / CDA IL920711Z
PERC - Security Guard / SEC IL920020Z	Cannabis Cultivation Agent / CCA IL920710Z
Private Detective / PSA IL920020Z	Cannabis Cultivation Centers / ACC IL920716Z
Massage Therapist / MTH IL920680Z	Cannabis Craft Growers / ACG IL920716Z
Humane Euthanasia / HEA IL920650Z	Cannabis Infuser / ACI IL920716Z
Public Insurance Adjuster / PAL IL920702Z	Cannabis Transporter / ACT IL920716Z
Vehicle Dealer License / VDS IL920660Z	Live Scan Fingerprint Vendor / LFV IL920020Z
Drivers Training Instructor / DTI IL920620Z	General Real Estate Appraiser / GRA IL920712Z
Locksmith / LOC IL920020Z	Residential Real Estate Appraiser / RRA IL920712Z
Private Alarm Contractor / PAC IL920020Z	Assoc. Trainee Appraiser / ARA IL920712Z
Private Security Contractor / PSC IL920020Z	

Your Name: _____

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

Your Phone: _____

Your E-Mail: _____

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

Secondary Contact: _____

OPTIONAL

Phone: _____

E-Mail: _____

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

MAILING ADDRESS

A Fingerprinting U S Photo 210 S Clark St THE CLARK ADAMS BUILDING Ground Floor Lobby Chicago, IL 60603

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

IDENTITY VERIFICATION CERTIFYING STATEMENT

**OOS-FP
SAMPLE**

**THIS IS A SAMPLE INSTRUCTION FORM ONLY.
DO NOT WRITE ON THIS PAGE!** (see next page)

- Complete Section 1 yourself.
- Section 2 must be completed by the person taking your fingerprints, such as a private fingerprint agency, police station or other authorized agent.
- Leave the "TCN:FRM" field blank.
- Do NOT complete Section 3.
- Upon receiving your fingerprint cards, we will scan them and our live scan system will generate a TCN number. We will e-mail this TCN number to you.

Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM LEAVE THIS FIELD BLANK
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST	FIRST



I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:	LEAVE THIS SECTION BLANK
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

IDENTITY VERIFICATION CERTIFYING STATEMENT

OOS-FP

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST	FIRST



I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:	
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

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NOTE: It is acceptable to print the FD-258 Fingerprint Card in this PDF on standard letter-sized white office paper.

APPLICANT * See Privacy Act Notice on Back		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK								FBI		LEAVE BLANK	
FD-258 (Rev. 5-15-17) 1110-0046				LAST NAME NAM		FIRST NAME		MIDDLE NAME							
1. SIGNATURE OF PERSON FINGERPRINTED		5. ALIASES AKA		OR I								14. DATE OF BIRTH Month Day Year		DOB	
2. RESIDENCE OF PERSON FINGERPRINTED		6. CITIZENSHIP CTZ		SEX		RACE		HGT.		WGT.		EYES		HAIR	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		8.		9.		10.		11.		12.	
EMPLOYER AND ADDRESS		UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNU		CLASS						15. PLACE OF BIRTH		POB	
REASON FINGERPRINTED		7. SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU		REF.									
3.															

INSTRUCTIONS FOR COMPLETING FINGERPRINT CARD (FD-258)

NUMBERED INSTRUCTIONS BELOW CORRESPOND TO NUMBERS ON THE FP SAMPLE ABOVE

Please print the requested information legibly, in black ink.

*Complete **ALL the numbered portions** of the form. If not numbered, leave blank.*

1. Applicant's signature.
(Sign in the presence of the person taking your fingerprints.)

2. Enter applicant's residential address.

3. **Provide a reason for being fingerprinted, in detail.**

List Purpose Code & ORI Number
(Refer to *Your Contact Information* page)
e.g. RPN IL920630Z
PHY IL920704Z
PLE IL920704Z

4. Enter applicant's full name.

5. Enter any aliases (including maiden name) that the applicant is known by.

6. Citizen of country.

7. Social Security Number (SSN).

8. Gender (M/F)

9. Race (W-White; H-Hispanic; B-Black; I-American Indian or Alaskan; A-Asian)

10. Height (Feet, inches)

11. Applicant's Weight in pounds

12. Eye Color (BLK-Black; BRO-Brown; BLU-Blue; GRN-Green; GRY-Gray; HZL-Hazel)

13. Hair Color (BLK-Black; RED-Red; WHI-White; BRO-Brown; GRY-Grey/partially grey; BLD-Blond; BAL-Bald)

14. Month-Day-Year of applicant's birth.

15. **Place of Birth - Enter U.S. State.**

Or Country Name IF BORN OUTSIDE THE U.S.

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME FIRST NAME MIDDLE NAME

ALIASES AKA

O
R
I

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH

DATE OF BIRTH DOB
Month Day Year

YOUR NO. OCA

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

REF.

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE

6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME FIRST NAME MIDDLE NAME

ALIASES AKA

O
R
I

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH

DATE OF BIRTH DOB
Month Day Year

YOUR NO. OCA

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

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6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

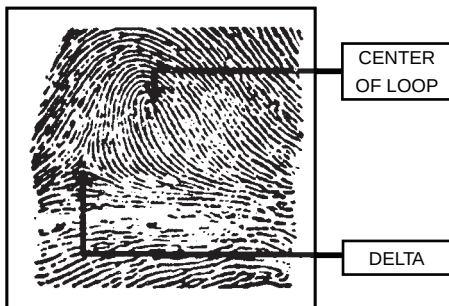
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

1110-0046

CJIS DIVISION/CLARKSBURG, WV 26306

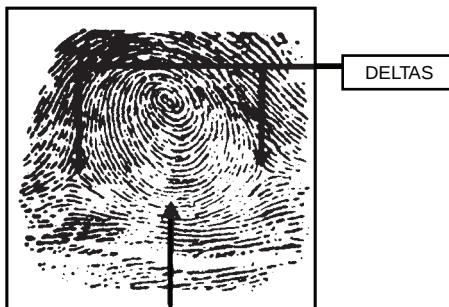
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on

'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

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 fingerprints 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.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

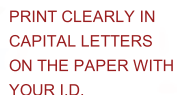
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www.fingerprintingchicago.com

Please mail the following items with your fingerprint package.



2 Recommended DO NOT BEND



DO NOT BEND FINGERPRINT CARDS.
USE A LARGE ENVELOPE.

Mail To

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Email: fingerprintingchicago@gmail.com
www.fingerprintingchicago.com

CREDIT CARD AUTHORIZATION / PAYMENT FORM

We accept any major credit card: VISA, Mastercard, Discover or American Express.

Applicant Name:

AS IT APPEARS ON THE FINGERPRINT CARD

Applicant Phone:

Applicant E-Mail:

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

Company Name:

(if applicable)

Company Contact Person:

(if applicable)

Company Phone:

(if applicable)

Company E-Mail:

(if applicable)

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

Card Holder Name:

Billing Address:

City, State, Zip:

Country:

Credit Card:

(circle only one)



Credit Card Number:

Expiration Date:

CVV Code:

Total Amount to be Charged
to the Card

Card Holder Signature:

**I understand and agree to the cardholder agreement & by doing so, I give my permission to
A Fingerprinting U S Photo to charge the above card for the amount listed.**

**** You may also e-mail the above information directly to us: fingerprintingchicago@gmail.com ****