

BioMetric Impressions

"Striving to be the Leader of Fingerprinting Services"

Visit any of our multiple locations throughout Illinois

Phone: (630) 532-5922 | Fax: (888) 745-0247

www.biometricimpressions.com | E-Mail: info@biometricimpressions.com

Applicant Name: _____

Last

First

M. Initial

SSN: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Email: _____

Telephone: (_____) _____ - _____

*I, the undersigned, 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 files of The Illinois State Police (ISP) and/or The Federal Bureau of Investigation (FBI).

**In addition, I authorize my photo to be taken, submitted to ISP and/or FBI; Photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

***Legal-Submitting fingerprints does not imply or guarantee employment with any agency nor does it imply or guarantee licensure. This service is a facilitator of the State of Illinois State Police.

Purpose Code: LGE O.R.I. #: ILL13330S / Village of Downers Grove Food Truck Vendor

Applicant TCN #: _____

OFFICIAL USE ONLY

Date: _____ / _____ / _____ Technician: _____

PAYMENT METHOD

Cash

Check No. _____

Credit Card

Self Pay

\$55/\$60

Other Form of Payment: _____

File Completed Date: _____

Make Sure You Check Us Out On:



BioMetric Impressions



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