

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT AS FULL-TIME PEACE OFFICER

SUPPORTING DOCUMENT

VE - PEC

APPLICANT: *Persons retired from a peace officer position within 1 year of application are exempt from the fingerprint requirement for a permanent employment registration card. If you meet the conditions of a Peace Officer* as defined at the bottom of this form, complete the Applicant Section of this form and forward it to the Law Enforcement Agency/Department for whom you worked for completion. After it is completed, return it to this Department in lieu of the fingerprint cards.*

Public Act 92-0833 exempts a peace officer from the requirements to possess a PERC and firearm authorization card (FAC). The employing agency shall remain responsible for any peace officer employed under this exemption for a PERC, regardless to whether the peace officer is compensated as an employee or an independent contractor. Notwithstanding any other provision of the ACT, all requirements relating to FAC's do not apply to peace offices as defined in the Act.

1. NAME LAST FIRST MIDDLE		2. DATE OF BIRTH ____/____/____ Month Day Year	3. UNITED STATES SOCIAL SECURITY NO. -----
4. ADDRESS (STREET, CITY, STATE, ZIP CODE)		5. Profession name and three digit profession code (check one). <input type="checkbox"/> 129 - Permanent Employee Registration <input type="checkbox"/> 115 - Private Detective <input type="checkbox"/> 119 - Private Security Contractor <input type="checkbox"/> 124 - Private Alarm Contractor <input type="checkbox"/> 191 - Locksmith	
6. MAIDEN OR GIVEN SURNAME			
7. BADGE OR IDENTIFICATION NUMBER		8. APPLICANT'S DAYTIME TELEPHONE NUMBER Area Code (_____) _____ - _____	

I hereby authorize _____ to furnish to the Illinois Department of Professional Regulation or its designated testing service, the information requested below.
Name

Signature _____ Date _____

Law Enforcement Agency/Department: Complete the bottom of this form and return it to the applicant for inclusion with his/her application.

A. NAME OF SUPERVISOR OR PERSONNEL OFFICER	B. NAME OF LAW ENFORCEMENT AGENCY OR DEPARTMENT
C. BUSINESS TELEPHONE Area Code (_____) _____ - _____	D. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

COMPLETE AS IT PERTAINS TO THE APPLICANT

E. Retired from Police Department ____/____/____
Month Day Year

I do hereby declare that the information I have recorded is true and correct.

Signature of Supervisor or Personnel Officer

Date

Title

*Peace Officer means any person who by virtue of his/her office or public employment is vested by law with a duty to maintain public order or to make arrests for offences, whether that duty extends to all offenses or is limited to specific offenses; officers, agents or employees of the federal government commissioned by federal statute to make arrests for violations of federal laws shall be considered peace officers.