



**ILLINOIS DEPARTMENT OF NATURAL RESOURCES**  
**AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK**  
 Originating Requester Identification (ORI) To Be Completed by Applicant/Employee



This is a fillable document. Please save it to your computer first, then complete and print. If you do not want to complete the form digitally, simply print the form and write or type in the information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: (State or Country) \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Race: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
Race Selection Options ( 1. White; 2. Black or African American; 3. American Indian or Alaska Native; 4. Asian; 5. Hispanic or Latino; 6. Native Hawaiian or Other Pacific Islander)

Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

**APPLICANT AUTHORIZATION**

Without reservation, I authorize this organization to procure my background check and to furnish this information concerning any criminal history.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verify Account Code: 977 Verify Reference Number: \_\_\_\_\_

Job Category: **Explosives License** **ORI: IL920500Z**

**TO BE COMPLETED BY LIVE SCAN TECHNICIAN**

Date: \_\_\_\_\_ ISP TCN Tracking #: \_\_\_\_\_

Proof of Identification:

Driver's License \_\_\_\_\_ Student ID \_\_\_\_\_

State ID \_\_\_\_\_ Military ID \_\_\_\_\_

Technician Name: \_\_\_\_\_