

BioMetric Impressions

Simple Card Scan Steps (OOS-FP)

1. Go to your local police department or a live scan fingerprint vendor and get your fingerprints done on an FD-258 Card or a Fee App card. Keep in mind that we can also provide FD-258 Fingerprint cards if needed.
2. Make sure the **Identity Verification Certifying Statement Form (aka OOS-FP Form)** is filled out properly.
 - a. **Section 1** needs to be filled by the applicant
 - b. **Section 2** needs to be filled out by the person who did your fingerprints
 - c. **Section 3** is for us to fill out so please leave it blank.
3. We also ask if you can please include a quick cover letter. Nothing too fancy, just something that clearly states your name, reason for fingerprints, the best contact phone number and email address.
4. The fee for the Illinois Racing Board Out-of-State applicants is \$32.80 (via Check, Money Order or Credit/Debit Card). Checks and Money Orders can be made out to BioMetric Impressions Corp.
5. Please send all of the above documents to:

BioMetric Impressions Corp
188 W. Industrial Drive, Suite 214B
Elmhurst, IL 60126

- a. We recommend that you use FedEx, UPS or USPS priority mail to send the documents and please make sure that they are sealed in a hard envelope. Why? This helps maintain the best quality prints and gets your fingerprints to us sooner.
6. We will process your fingerprint card within 24 to 48 hours from the day we receive them.
 7. After your data has been transmitted, you will receive an email notification from us confirming that we have received and processed your fingerprint card. We will also attach the completed OOS-FP Form so that you can have it for your records as well as submit it with your application.
 8. Finally, the Illinois Racing Board will receive the results, typically, within 24 to 48 hours.

Card Scan Checklist

- Identity Verification Certifying Statement Form (OOS-FP Form)
- Fingerprint Card (either an FD-258 card or a Fee App Card)
- Please include a typed or neatly written cover letter with: your name, Illinois Racing Board, your phone number and email address
- Payment - \$32.80 (via Check, Money Order or Credit/Debit Card)

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
<input type="checkbox"/> 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: BioMetric Impressions Corp	
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP: / /	COST CENTER USED: 5051

TCN #: LS