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: Biometric Impressions Corp

REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:

DATE FINGERPRINTS SUBMITTED TO ISP: / /	COST CENTER USED: 5051

TCN #: LS

“Striving to be the Leader of Fingerprinting Services”
Visit any of our multiple locations throughout Illinois
Phone: 833-4 BIOIMP (833-424-6467) | Fax: (888) 745-0247
ILDPR License No. - 262.000039
www.biometricimpressions.com | E-Mail: info@biometricimpressions.com

BIOMETRIC IMPRESSIONS CORP.’S BIOMETRIC DATA RETENTION AND DESTRUCTION POLICY

1. Introduction

1.1 Background

BioMetric Impressions Corp. is a licensed fingerprint vendor in the State of Illinois. Section 1240.535(c)(8) of the Illinois Administrative Code provides: “A licensed fingerprint vendor must develop a written policy, made available to the public, establishing a retention schedule and guidelines for permanently destroying identifiers and other biometric information when the initial purpose for collecting or obtaining the identifiers or information has been satisfied or after 3 years from the individual’s last interaction with the licensed fingerprint vendor, whichever occurs first. Absent a valid warrant or subpoena issued by a court of competent jurisdiction, a private entity in possession of biometric identifiers or biometric information must comply with its established retention schedule and destruction guidelines” (the “Regulation”). This Policy is made pursuant to and in accordance with the Regulation.

1.2 Definitions

The Regulation generally tracks language in the Illinois Biometric Information Privacy Act, 740 ILCS 14/1, et seq. (the “Act”). The Regulation does not define the terms “identifiers” and “biometric information,” but the Act defines the terms “biometric identifier” and “biometric information.” BioMetric Impressions therefore construes the phrase “identifiers and other biometric information” as it appears in the Regulation to be consistent with the definitions in the Act. Accordingly, whenever used within the Policy, unless otherwise clearly documented:

(1) “Biometric data” means “biometric identifiers” and “biometric information.”

(2) “Biometric identifier” means a retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry. Biometric identifiers do not include writing samples, written signatures, photographs, human biological samples used for scientific testing or screening, demographic data, tattoo descriptions, or physical descriptions such as height, weight, hair color, or eye color. Biometric identifiers do not include donated organs, tissues, or parts as defined in the Illinois Anatomical Gift Act or blood or serum stored on behalf of recipients or potential recipients of living or cadaveric transplants and obtained or stored by a federally designated organ procurement agency. Biometric identifiers do not include biological materials regulated under the Genetic Information Privacy Act. Biometric identifiers do not include information captured from a patient in a health care setting or information collected, used, or stored for health care treatment, payment, or operations under the federal Health Insurance Portability and Accountability Act of 1996. Biometric identifiers do not include an X-ray, roentgen process, computed tomography, MRI, PET scan, mammography, or other image or film of the human anatomy used to diagnose, prognose, or treat an illness or other medical condition or to further validate scientific testing or screening.

(3) “Biometric information” means any information, regardless of how it is captured, converted, stored, or shared, based on an individual’s biometric identifier used to identify an individual. Biometric information does not include information derived from items or procedures excluded under the definition of biometric identifiers.

(4) “Identifiers and other biometric information” means biometric identifiers and biometric information.

2. Retention Policy

BioMetric Impressions retains identifiers and other biometric information, including fingerprint images, for a period of up to Forty-Five (45) days from the date of receipt, fingerprint capture or card scan date.

If a collection or transmission error results in the need for a new set of fingerprint images to be taken, a new fingerprint inquiry transaction is created with a new date of fingerprint capture, which in turn starts the 45-day retention date from the revised date of fingerprint capture.

3. Permanent Destruction Policy

3.1 Electronic Documents

Upon the expiration of the retention period for given identifiers and other biometric information, BioMetric Impressions securely deletes such identifiers and other biometric information. Through that deletion process, the identifiers and other biometric information are no longer accessible and permanently destroyed on the applicable storage drive and/or server space.

3.2 Physical Documents

Some identifiers and other biometric information may be received in paper form, e.g., fingerprint cards. Those identifiers and other biometric information are converted into an electronic/digital format. Thereafter the physical documents are placed in a file for a period of up to 30 days. On or before such 30 days expires, the physical documents are placed in a secure shred bin.

4. Exceptions to Policy

Absent a valid warrant or subpoena issued by a court of competent jurisdiction or other applicable law or legal requirement, BioMetric Impressions will comply with this Policy.

5. Roles and Responsibilities

BioMetric Impressions has assigned its President to be responsible for overseeing and implementing the Policy.

6. Questions and Copies

This policy shall be available to the public and be provided upon request. Questions related to the Policy, including requests for the most recent version of the Policy, should be directed to:

Attn: President
BioMetric Impressions
188 W. Industrial Dr. Suite .101 Elmhurst, IL 60126
e-Mail: compliance@biometricimpressions.com