IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1 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 / EXPERIENCE

SUPPORTING DOCUMENT

VE - CAN

APPLICANT: ***This form is to be completed if you are filing an application for a Private Detective license or for a Private Security Contractor license based on experience in canine odor detection services since January 1, 2005. This form is also used to document two years of full-time employment with reference to applying for a Canine Trainer Authorization Card. Complete the applicant section of this form. Forward this form to the employer who will verify your employment. Verification must be completed by each employer; therefore, you are authorized to photocopy this form if necessary.***

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ (Month Day Year)

3. SOCIAL SECURITY NUMBER __ __ __ – __ __ – __ __ __ __

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Profession Name _____ Profession Code ___ ___ ___

6. MAIDEN OR GIVEN SURNAME

7. DATES OF EMPLOYMENT

From __ __ /__ __ /__ __ __ __ (Month Day Year) To __ __ /__ __ /__ __ __ __ (Month Day Year)

8. PERC NUMBER (if applicable)

129 - ___ ___ ___ ___ ___ ___

EMPLOYER: ***Complete the remainder of this form. RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.***

PART I - EMPLOYMENT INFORMATION

A. NAME OF LICENSEE IN CHARGE/SUPERVISOR

B. AGENCY/ENTITY NAME

C. LICENSE NUMBER OF LICENSEE IN CHARGE (if applicable)

D. AGENCY/ENTITY ADDRESS (STREET, CITY, STATE, ZIP CODE)

E. AGENCY LICENSE NUMBER (if applicable)

F. AGENCY/ENTITY TELEPHONE NUMBER

Area Code (___ ___ ___) ___ ___ ___ — ___ ___ ___ ___

PART II - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT JOB TITLE

B. DATES OF EMPLOYMENT

From __ __ /__ __ /__ __ __ __ (Month Day Year) To __ __ /__ __ /__ __ __ __ (Month Day Year)

C. TIME IN TITLE

_____ Years

_____ Months

D. TYPE OF EMPLOYMENT

[ ]Full-time

[ ]Part-time

E. ANNUAL HOURS APPLICANT WORKED

F.

Did the applicant establish, to your satisfaction, honesty, truthfulness, integrity and competency? [ ]Yes [ ]No

If "No", please explain on the reverse side of this form.

G. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY IN CANINE ODOR DETECTION SERVICES.

I do hereby declare that as owner and/or licensee-in-charge of the above listed entity that this information is true and correct to the best of my knowledge.

Print Name _____ Signature _____

Date _____ Title _____