

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 447/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide this information could result in a penalty as outlined in said Act.

RETURN TO:

STATE OF ILLINOIS  
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
 ATTN: DIVISION OF PROFESSIONAL REGULATION  
 320 West Washington Street, 3rd Floor  
 Springfield, Illinois 62786

**CARD TERMINATION**

- Upon termination, for any reason, of the employment of the individual to whom card marked below has been issued, it is the responsibility of the licensee-in-charge or security director to return the card to the Department. The card must be returned within 72 hours of such termination.
- To return the card, Section I of this form must be completed, the card must be attached to the form and mailed to the Department at the address shown at the top of this form.
- If the card cannot be obtained for return to the Department, Section II of this form MUST be completed and submitted to the Department within 72 hours of termination of the individual's employment.
- Failure to comply with these requirements is grounds for discipline of the license of the licensee-in-charge for agencies licensed by this Department.

Check the box below that pertains to the card being returned for the employee listed on the form:

**CANINE HANDLER AUTHORIZATION CARD**

**FIREARM CONTROL CARD**

**CANINE TRAINER AUTHORIZATION CARD**

**SECTION I--PERTAINS TO CARD WHICH HAS BEEN RETURNED (ATTACH CARD TO FORM)**

1. EMPLOYEE NAME (Last, First, Middle Initial)	2. SSN OR ITIN ____ - ____ - ____
3. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - _____ CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - _____ FIREARM CONTROL CARD NUMBER 229 - _____	4. DATE OF EMPLOYEE'S TERMINATION ____ / ____ / ____ Month Day Year

I attest that the above-named employee left the employment of this agency or Proprietary Security Force as indicated and I am hereby returning the card marked above issued to said individual.

Signature \_\_\_\_\_  
Licensee-in-Charge or Security Director

\_\_\_\_\_  
Name of Agency or Proprietary Security Force

\_\_\_\_\_  
License Number of Licensee-in-Charge  
(Not Applicable for Proprietary Security Force)

\_\_\_\_\_  
License Number of Agency or Registration Number  
of Proprietary Security Force

**SECTION II--PERTAINS TO CARD WHICH HAS NOT BEEN RETURNED**

A. EMPLOYEE NAME (Last, First, Middle Initial)	B. SSN OR ITIN ____ - ____ - ____
C. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - _____ CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - _____ FIREARM CONTROL CARD NUMBER 229 - _____	

D. EMPLOYEE FIREARM OWNER'S I.D. CARD NUMBER (For FCC only)	E. EXPIRATION DATE OF FIREARM CONTROL CARD
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F. DATE EMPLOYEE LEFT AGENCY ____ / ____ / ____ Month Day Year	G. THE CARD MARKED ABOVE IS NOT ATTACHED FOR THE FOLLOWING REASON(S):
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I attest that the above-named employee left the agency or Proprietary Security Force as shown above.

Signature \_\_\_\_\_  
Licensee-in-Charge or Security Director

\_\_\_\_\_  
Name of Agency or Proprietary Security Force

\_\_\_\_\_  
License Number of Licensee-in-Charge  
(Not Applicable for Proprietary Security Force)

\_\_\_\_\_  
License Number of Agency or Registration Number  
of Proprietary Security Force