



Application for Conversion of Class "EE" Recovery Permit to Class "E" Recovery Permit

APPLICATION INSTRUCTIONS

1. The Application for Conversion of Class "EE" Recovery Permit to Class "E" Recovery Permit form, or photocopies of this form, must be used.
2. A fingerprinting fee of \$32.80 must accompany this application.
3. Submit application and fees to:
Illinois Commerce Commission
ATTN: Processing and Information
527 East Capitol Avenue
Springfield, Illinois 62701
4. Applicants have 90 days from the date of application to complete the application process. If the application is not completed within 90 days, then the application will be dismissed and any fee paid will be forfeited. Any fee paid with respect to the application will also be forfeited if the application is denied. If the Applicant chooses to reapply in the future, the Applicant will be required to file a new application and pay the required fee.
5. All parts of this application must be completed fully and truthfully. Failure to complete any portion in full will result in the rejection of your application. If any space on this form is insufficient, write "see attached sheet" in the space and attach a plain, white 8 ½ x 11" sheet that identifies the question and contains the portion of your answer that would not fit on the form. It is also permissible to use an additional copy of the page as indicated. Any omission, incomplete answer or untruthful answer may result in the denial of the application.

PART 1. APPLICANT INFORMATION

6. Residence address is the Applicant's current home address. An address other than the Applicant's residence address will not be accepted for the residence address field. Do not use a P.O. Box number. If the Applicant wishes to receive mail at an address other than that of the residence address, a mailing address must be provided. All formal and informal correspondence shall be sent to the listed mailing address, including service of process. If no mailing address is listed, all correspondence will be sent to the residence address.
7. List the name of the licensed repossession agency for which the Applicant intends to operate.

PART 2. CRIMINAL AND CIVIL JUDGMENT HISTORY

8. Answer whether the Applicant has been convicted of any crime other than a minor traffic violation. If the answer to this question is "yes", complete the remainder of the section. List all convictions regardless of date or age at the time of the offense. A separate block must be completed for each offense. Use additional pages of this form as necessary.
9. Answer whether there are any criminal charges currently pending against the Applicant. If the answer to this question is "yes", complete the remainder of the section. Complete a separate block for each offense. Exclude pending court proceedings for minor traffic violations. Use additional pages of this form as necessary.
10. Check the appropriate box concerning whether the Applicant has had a civil judgment entered against him or her in the preceding 5 years by any legal forum other than the Commission arising from conduct while performing repossessions. If the answer to this question is "yes", complete the remainder of the section. A separate block must be completed for each judgment.

PART 3. DISCLOSURES

11. Mark each box "yes" or "no". If "yes" was marked for questions 1 through 10, provide a detailed explanation on a separate plain, white 8 ½ x 11" sheet that identifies the question and provides the detailed explanation.

PART 4. EMPLOYMENT BACKGROUND

12. Applicant must list where he or she has worked during the past 5 years. If the Applicant has not worked at all in the past 5 years, mark the "Not Applicable" box.

PART 5. VERIFICATION

13. The application must be signed by the Applicant.

REQUIRED SUPPORTING DOCUMENTATION

14. Use this checklist to ensure that all of the required supporting documents are submitted to the Commission

- Proof of completion of a employee certification program approved by the Commission
- Attachments in response to Part 3. Disclosures, if applicable
- Copy of a government issued photo identification card (drivers license, state ID, passport)
- Authorization to Conduct a Criminal Background Check and Obtain Information
- Fingerprinting Form



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_____ E
(for ILCC use only)

PART 1. APPLICANT INFORMATION

Full Legal Name:		Class "EE" Recovery Permit No.:	
Residence Address:		Phone Number:	
City:	State:	Zip Code:	
Mailing Address:		Email:	
City:	State:	Zip Code:	
Social Security Number:	Driver's License Number:	Date of Birth:	

Name of licensed repossession agency for which the Applicant intends to operate:
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PART 2. CRIMINAL AND CIVIL JUDGMENT HISTORY

Has the applicant been convicted of any crime that is not a minor traffic violation? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," the remainder of this Part must be completed.		
INSTRUCTIONS		
List below those criminal offenses for which the Applicant has been convicted. List all convictions regardless of date or age at the time of the offense. Complete a separate block for each offense. Exclude convictions for minor traffic violations. Use additional pages of this form as necessary. Any omission, incomplete answer or untruthful answer may result in the denial of the application.		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:	Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Are you currently under any supervision by a court or department of corrections for this offense? If "yes," identify the supervising agency:		<input type="checkbox"/> NO <input type="checkbox"/> YES
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:	Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Are you currently under any supervision by a court or department of corrections for this offense? If "yes," identify the supervising agency:		<input type="checkbox"/> NO <input type="checkbox"/> YES



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PART 3. DISCLOSURES

INSTRUCTIONS

Mark "YES" or "NO" for each question below. If "YES" was marked for questions 1 through 10, provide a detailed explanation on a separate plain, white 8 ½ x 11" sheet that identifies the question and provides the detailed explanation.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the Applicant ever knowingly made any misrepresentation for the purpose of obtaining a license or recovery permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has the Applicant ever been found to have obtained a license or recovery permit through fraudulent means? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has the Applicant ever violated the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , or its Administrative Rules, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has the Applicant aided or abetted another in violating any provision of the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , or its Administrative Rules, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has the Applicant ever solicited professional services by using false or misleading advertising? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has the Applicant ever practiced or attempted to practice under a name other than the full name shown on the license or recovery permit or any other legally authorized name? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has the Applicant violated any court order from any State or public agency engaged in the enforcement of payment of child support arrearages or for noncompliance with certain processes relating to paternity or support proceeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the Applicant currently have any pending tax disputes filed with the Illinois Department of Revenue? If "YES," please explain on an attached sheet of paper, indicating the docket number of a pending tax dispute with the Illinois Department of Revenue. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the Applicant currently owe any tax, penalty, or interest shown in a filed return, or any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue?
If you answered "YES" to this question: (1) describe the nature of the fees, fines, or taxes owed on a separate page; (2) attach a copy of an agreement to pay the delinquent monies entered into between the Applicant and the governmental entity; and (3) attach a certification from the governmental entity that the agreement is not in default. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Has the Applicant ever had a license or recovery permit denied, revoked or suspended under the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Does Applicant agree to comply with all the requirements contained in the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , and the Administrative Rules regulating collateral recovery, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Is the Applicant 21 years of age or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Has Applicant obtained a copy of the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , and the Administrative Rules regulating collateral recovery, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Has Applicant successfully completed an employee certification program approved by the Commission? |



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Illinois Commerce Commission Fingerprinting Form

Please provide the following information (please print clearly).

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security Number: _____

Place of Birth (State or Country if outside U.S.A.): _____



To be completed by the Illinois Commerce Commission:

ORI _____

ILCC Permit/License # _____

- This form must be completed and filed with the application at the Illinois Commerce Commission along with a fee of \$32.80.
- The form will be returned to you with an ORI and ILCC permit or license number.
- Bring the form and a valid, government issued picture ID (such as a drivers license, state ID or passport) to the closest fingerprinting facility.
- Check the website, www.biometricimpressions.com for the closest fingerprinting location. No appointments are necessary. For more information, contact: BioMetric Impressions Corp., 188 W. Industrial Dr., Suite 214B, Elmhurst, IL 60126, phone (630)532-5922.
- Upon completion of the fingerprinting service you will be given a computer-generated receipt.
- Your results will be sent directly from the Illinois State Police and FBI to the Illinois Commerce Commission Police Department.

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN # _____



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AUTHORIZATION TO CONDUCT A CRIMINAL BACKGROUND CHECK AND OBTAIN INFORMATION

Full Legal Name:

I, _____, authorize the Illinois Commerce Commission to conduct a criminal history records check and obtain information concerning any criminal charges and their dispositions relative to my fitness under the Collateral Recovery Act, 225 ILCS 422/1 *et seq.*

Signature: _____

Date: _____