



ILLINOIS DEPARTMENT OF NATURAL RESOURCES
AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK
 Originating Requester Identification (ORI) To Be Completed by Applicant/Employee



This is a fillable document. Please save it to your computer first, then complete and print. If you do not want to complete the form digitally, simply print the form and write or type in the information

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

Social Security No.: _____ Date of Birth: _____

Place of Birth: (State or Country) _____

Sex: M _____ F _____ Race: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Race Selection Options (1. White; 2. Black or African American; 3. American Indian or Alaska Native; 4. Asian; 5. Hispanic or Latino; 6. Native Hawaiian or Other Pacific Islander)

Hair Color: _____ Weight: _____ Height: _____

Driver's License No.: _____

Home Address: _____ City: _____ ST: _____ Zip Code: _____

Phone: (_____) _____ Cell: (_____) _____

APPLICANT AUTHORIZATION

Without reservation, I authorize this organization to procure my background check and to furnish this information concerning any criminal history.

Applicant Signature: _____ Date: _____

Verify Account Code: 977 Verify Reference Number: _____

Job Category: **Explosives License** **ORI: IL920500Z**

TO BE COMPLETED BY LIVE SCAN TECHNICIAN

Date: _____ ISP TCN Tracking #: _____

Proof of Identification:

Driver's License _____ Student ID _____

State ID _____ Military ID _____

Technician Name: _____