



License Background Tracking Form

-Please Return with Completed Application-

To Be Filled Out by Applicant -Print Clearly-

License Applied For: ☐ Massage ☐ Solicitor ☐ Chauffeur ☐ Other: _____

Full Legal Name _____
First Middle Last

Date of Birth _____
M/D/YYYY

To Be Filled Out By Fingerprint Technician

Company/Vendor: _____ Date Printed: _____
M/D/YYYY

☐ Prints were submitted under ORI# MS1302813 _____
(Initial)

☐ Prints were submitted under Code UCIAF _____
(Initial)

DCN/TCN#: _____

Background results will NOT be accepted if processed incorrectly.

It is the responsibility of the applicant applying for a Village of Schaumburg Chauffeur, Massage or Solicitor license to confirm with the fingerprinting vendor they have chosen to administer the required background check has the ability to process and transmit the applicant's fingerprints under for the Village of Schaumburg's ORI# MS1302813 and UCIAF code.

If the fingerprints are not transmitted properly, it is the responsibility of the applicant to follow up with the vendor to resubmit their prints correctly. Failure to do so will result in significant delays in the license approval process.