



## License Background Tracking Form

-Please Return With Completed Application-

### To Be Filled Out By Applicant

#### License Applied For:

Chauffeur  Solicitor   
Massage  Other

Name: \_\_\_\_\_  
(Last) (First)

### To Be Filled Out By Fingerprint Technician

Company/Vendor: \_\_\_\_\_ Date Printed: \_\_\_\_\_

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 Chauffeur, Massage or Solicitor license with the Village of Schaumburg to confirm with the fingerprinting vendor chosen by the applicant to administer the required background check is able to process and transmit the applicant's fingerprints under for the Village of Schaumburg's ORI# MS1302813 and UCIAF code.