

**ILLINOIS EMERGENCY MANAGEMENT AGENCY  
DIVISION OF NUCLEAR SAFETY  
1035 OUTER PARK DRIVE  
SPRINGFIELD, ILLINOIS 62704**

RELEASE AND AUTHORIZATION  
FULL DUE DILIGENCE INVESTIGATION

Disclosure: A consumer Report may be procured for licensing purposes.

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including information about you or your company's credit, general reputation or business operations may be obtained. I understand if my application for license is granted, further information may be obtained through subsequent investigations so as to update, renew or extend my license status. **Please be aware that a release and background questionnaire must be submitted for each owner/manager and Radiation Safety Officer having control of radioactive materials.**

**RELEASE AND AUTHORIZATION**

I voluntarily and knowingly authorize for the purpose of possessing a radioactive materials license only, any present or past employer or supervisor, university or institution of learning, vendor, administrator, law enforcement agency, state agency, Federal agency, credit bureau, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons to give records or information they may have concerning my and/or my company's criminal history, civil litigation history, motor vehicle history and employment records, credit history, worker's compensation claims, general reputation, character, or any other information requested by Illinois Emergency Management Agency and/or its agents or representatives or agent screening services. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original. In compliance with the 1990 Americans with Disabilities Act, a worker compensation search may only be requested when a conditional job offer exists.

Please note: At the date of this Disclosure and Release, background investigation is conducted by Illinois Emergency Management Agency and/or by other designated agency representing Illinois Emergency Management Agency and engaged by Illinois Emergency Management Agency acting on behalf of Illinois Emergency Management Agency.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Full Name (Printed) \_\_\_\_\_  
Date

\_\_\_\_\_  
Street and Physical Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Company/Entity Name:

Principal     Owner     Officer     Other: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
State of Issue





