

Remit exactly \$10.00 in check or money order payable to FOID. THIS FEE IS NONREFUNDABLE

Official Use Only

Empty box for official use only.

Last Name [Grid]

First Name [Grid] Middle Initial [Grid] Suffix [Grid]

Mailing Address (Illinois Residency Required) [Grid] Apt. # [Grid]

City/Town [Grid] State [Grid] Zip Code [Grid]

County [Grid] Date of Birth (MM/DD/YYYY) [Grid]

List Any Previous Names (Last Name, First Name, Middle Initial) [Grid] Social Security Number [Grid]

Tape EXACT SIZE Photo Here Face Up 1 1/4" by 1 1/2" Head and Shoulders only

GENDER: Male [] Female [] RACE: Black [] White [] Other [] HEIGHT: [] ft [] in WEIGHT: [] lbs EYE COLOR: SELECT ONE: [] Brown [] Black [] Blue [] Green [] Hazel HAIR COLOR: SELECT ONE: [] Brown [] Blonde [] Black [] Grey [] Red [] White [] Other []

1. Place of Birth (U.S. State or Foreign Country) [Grid] 1a. Are you a United States citizen/naturalized citizen? Yes [] No [] If NO, you must provide your alien registration number or provide other proof of documentation. Alien # [Grid] (Alien # - Resident Alien Card/Permanent Resident Card) (Admission # Form I-94/I-94W)

If you are 18 years of age or older, you must provide your most current Illinois Driver's License # or Illinois State Identification #. Illinois Driver's License Number OR Illinois State Identification Number [Grid] Yes [] No []

2. Have you ever been convicted of a felony? 3. In the past 5 years, have you been a patient in a mental institution or any part of a medical facility for the treatment of mental illness? (Unless your treatment was solely for alcohol abuse disorder.) 4. Are you addicted to narcotics? 5. Are you intellectually disabled? 6. Are you subject to an existing order of protection which prohibits you from possessing a firearm? 7. Within the past 5 years, have you been convicted of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed? 8. Have you ever been convicted of domestic battery or a substantially similar offense (misdemeanor or felony)? 9. Have you ever been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony? 10. Are you an alien who is unlawfully present in the United States? 11. Have you ever been adjudicated as a mental defective? Yes [] No []

Warning: This application is governed by the Firearm's Owner's Identification (FOID) Card Act and must be completed by the applicant or his/her parent or legal guardian in its entirety, or it will be denied. Entering false information on an application for a FOID Card is punishable as a Class 2 felony in accordance with Section 14(d-5) of the FOID Card Act. This application and the information contained herein may be provided to third parties with whom the Illinois State Police (ISP) has contracted in order to complete the processing of my FOID card application. In such cases, however, the ISP requires the companies acting on our behalf abide by all state and federal laws and our privacy policies and institute safeguards to protect the confidentiality of your information.

Area Code [Grid] Daytime Phone Number [Grid]

e-mail: [Grid] SIGNATURE REQUIRED (Please sign inside the box)

Signature Certification: My signature authorizes the Illinois State Police to verify answers given with any government or private entity authorized to hold records relevant to my citizenship, criminal history and mental health treatment or history; to use the digital photo, demographic information and signature from my Illinois Driver's License or State Identification to create my FOID card; and to share my information as described in the Warning contained herein. Under penalties of perjury, I certify I have examined all the information provided for my application or renewal and, to the best of my knowledge, it is true, correct, and complete.

Empty box for signature.

Date: [Grid]

IF YOU ARE UNDER 21: The minor applicant and their parent or legal guardian must complete this section. The signature of the applicant's parent or legal guardian is required on both the front of the application and on the back affidavit. Parent or Legal Guardian Information: Relationship: Mark with an X Father [] Mother [] Legal Guardian [] Parent/Guardian Last Name [Grid] First Name [Grid] MI [Grid] Date of Birth (MM/DD/YYYY) [Grid] Male [] Female [] Illinois Driver's License or State ID# [Grid] 1. Have you (the minor) ever been convicted of a misdemeanor other than a traffic violation? Yes [] No [] 2. Have you (the minor) ever been adjudged delinquent? Yes [] No [] 3. Are you (the minor) subject to a petition alleging you are a delinquent minor for the commission of an offense that if committed by an adult would be a felony? Yes [] No [] Signature of Parent/Legal Guardian Required [Grid]

PARENT/LEGAL GUARDIAN AFFIDAVIT

ONLY FOR "UNDER 21 YEARS OF AGE" APPLICATIONS

Parent or Legal Guardian Signature Certification: I being first duly sworn upon oath, states as follows: (1) I am not currently prohibited from holding a FOID card insofar as: (a) I have not been convicted of a felony or have been granted relief from such conviction to hold a FOID card; (b) I have not, in the past 5 years, been a patient in a mental institution or any medical facility used primarily for the care or treatment of persons for mental illness; (c) I am not addicted to narcotics; (d) I am not intellectually disabled; (e) I am not subject to an existing order of protection which prohibits me from possessing a firearm; (f) I have not, within the past 5 years, been convicted of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed; (g) I have not ever been convicted of a domestic battery or a substantially similar offense (misdemeanor or felony); (h) I have not been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony; (i) I am not an alien who is unlawfully present in the United States; and (j) I have never been adjudicated as a mental defective. (2) I hereby give my consent for this minor applicant to possess and acquire firearms and firearm ammunition and understand I shall be liable for any damages resulting from the minor applicant's use of firearms or firearm ammunition. **FURTHER AFFIANT SAYETH NOT.**

I hereby authorize the Illinois State Police to verify answers given with any government or private entity authorized to hold records relevant to my citizenship, criminal history and mental health treatment or history.

Parent or Legal Guardian Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Note: Any person who is prohibited from acquiring or possessing firearms or firearm ammunition by any Illinois state statute or by federal law is ineligible for a FOID card.

Please allow 30 days for processing and delivery of your Firearm Owner's Identification Card.

Printed by the Authority
of the State of Illinois



With this application you must include:

- Photograph** *CHECK OR*
- FOID Fee - \$10.00** *MONEY ORDER*
- Signature** *ONLY*

Mail To:

**Illinois State Police - FOID
Post Office Box 19233
Springfield, IL 62794-9233**

Commission on
Accreditation for Law
Enforcement Agencies



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