

TRAINING NUMBER (Official Use Only):

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN TO:
 STATE OF ILLINOIS
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 ATTN: DIVISION OF PROFESSIONAL REGULATION
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

CERTIFICATION OF COMPLETION OF FIREARMS TRAINING

PLEASE PRINT OR TYPE

TRAINEE: Fill in this section of the form and forward it to the Instructor for completion.

NAME (Last, First, Middle Initial)				SSN OR ITIN			
HOME STREET ADDRESS			CITY	STATE	ZIP CODE		
PERMANENT EMPLOYEE REGISTRATION NUMBER (If Applicable) 129-				E-MAIL ADDRESS (REQUIRED)			
DATE OF BIRTH	SEX	RACE	WEIGHT	HEIGHT	COLOR OF HAIR	COLOR OF EYES	

I hereby certify that I have completed the firearms training as required by the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.

Signature: _____ Date: _____

INSTRUCTOR: Complete this section of the form and submit it to the Division of Professional Regulation.

COURSE NAME AS APPROVED BY DEPARTMENT			FIREARM COURSE NUMBER 102-			
STREET ADDRESS		CITY	STATE	ZIP CODE		
DATE TRAINING COMPLETED			WRITTEN EXAMINATION SCORE _____ %			

CHECK TYPE OF WEAPON(S) HOLDER IS AUTHORIZED TO CARRY FOR WEAPON(S) TRAINED, INCLUDING RANGE SCORE(S).

<input type="checkbox"/> Revolver _____ %	<input type="checkbox"/> Semi-automatic _____ %	<input type="checkbox"/> Shotgun _____ %	<input type="checkbox"/> Rifle _____ %
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I hereby certify that the above-named trainee successfully completed the firearms training as shown above.

Name of Instructor: _____ Signature of Instructor: _____ Date: _____

Registered Firearm Instructor Number **263-** _____