



IMPORTANT INFORMATION:

- ◆ 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.
- ◆ Disclosure of your U.S. social security number or ITIN, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.html>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.

APPLICANT: Complete the bottom of this page and email to: **FPR.SafetyUnit@Illinois.gov**, along with the following applicable documentation in PDF format:

I. Police Training:

A. In-State, submit one of the following:

1. Submit a copy of the Training History Report provided by the Illinois Law Enforcement Training Standards Board; or
2. Submit a copy of the Illinois State Police "Appoint and Commission" certificate if firearm training was provided by the Illinois State Police; or
3. Submit a letter verifying current employment as a law enforcement officer as defined in the Illinois Police Training Act; or
4. Submit proof that you are a qualified retired law enforcement officer as defined in the federal Law Enforcement Officers Safety Act of 2004 (HR-218) and are in compliance with all of the requirements of this Act. Include a copy of the front and back of your current Illinois Retired Officers Concealed Carry Permit pocket card.

B. Out-of-State

1. Submit a comprehensive description of the program, prepared by the facility where you completed said training.

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| 1. NAME (Last, First, Middle Initial) Please Type or Print in black pen. | 2. DATE OF BIRTH | 3. SSN OR ITIN |
| 4. ADDRESS (Street, City, State, and ZIP Code) | | |
| 5. REQUIRED E-MAIL ADDRESS | 6. I CONSENT TO PROFESSIONAL ORGANIZATIONS HAVING MY EMAIL ADDRESS <input type="checkbox"/> | |
| 7. MAIDEN NAME | 8. PERMANENT EMPLOYEE REGISTRATION NUMBER (If Applicable) 129 - | |
| 9. DPR FIREARM COURSE NUMBER 102 - 91 | 10. DATES OF ATTENDANCE ___ / ___ / ___ to ___ / ___ / ___ | 11. DATE TRAINING COMPLETED ___ / ___ / ___ |
| 12. NAME AND ADDRESS OF TRAINING ACADEMY ATTENDED (Street, City, State, and ZIP Code) | 13. CHECK TYPE OF WEAPON(S) FOR WHICH YOU WERE TRAINED: <input type="checkbox"/> Handgun/Revolver <input type="checkbox"/> Shotgun <input type="checkbox"/> Semi-automatic <input type="checkbox"/> Rifle | |
| 14. DPR FIREARM INSTRUCTOR LICENSE NUMBER 263 - 456 | | |

Date _____ Signature _____