



Important Information:

- ◆ **The application for a Registered Firearm Instructor (FAI) is to be completed if you have never applied as a firearm instructor with the Division of Professional Regulation.** All firearm instructor licenses shall expire on December 31, 2017 and every five years thereafter.
- ◆ Applicant must be at least 21 years of age.
- ◆ 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 to obtain a license. 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.
- ◆ An application is active for three years from the date of receipt by the Department.
- ◆ 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.
- ◆ We recommend that you review the Act and Administrative Rules here:
<https://idfpr.illinois.gov/profs/securitycont.html>

REGISTRATION INSTRUCTIONS

Before completing the application, read these instructions as this will aid you in accurately completing your application and eliminate any delay in processing.

Step I - FULLY COMPLETE THE APPLICATION

An incomplete or illegible application will be returned. Type or print in black ink.

Step II - SUPPORTING DOCUMENTS

Submit a legible copy of your valid FOID card issued by the Illinois State Police.

Submit one of the following:

- 1) Proof that the applicant is recognized and approved by the National Rifle Association (NRA) having taken a Law Enforcement Firearms Instructor Course that includes security personnel within the course. Proof shall be a copy of the applicant's Certificate from the NRA; or
- 2) Proof that the applicant is approved and recognized as a range instructor by the Illinois Law Enforcement Police Training and Standards Board. Proof shall be a copy of the Instructor's Certificate issued by the Law Enforcement Training and Standards Board; or
- 3) Proof of other firearm instructor education or experience that the Division may consider to be substantially equivalent, such as experience or education received in military service or federal law enforcement service.

Step III - APPLICATION FEE

Payment of \$75.00 in the form of a check or money order made payable to IDFPR or payment online by visiting:

<https://idfpr.illinois.gov/epay.html>.

Step IV - MAIL APPLICATION

Mail the application, fee (unless paying online), and copy of your valid FOID card to the address below.

**Illinois Department of Financial and Professional Regulation,
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791**

Step V - WAIT

Please allow eight business weeks from applying before making an inquiry concerning its status.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

APPLICATION FOR REGISTRATION AS A REGISTERED FIREARM INSTRUCTOR

FAI

Carefully follow all steps outlined on the INSTRUCTIONS FOR MAKING APPLICATION AS A REGISTERED FIREARM INSTRUCTOR. In addition, note the following: the registration fee is **NOT REFUNDABLE**. **INCLUDE A COPY OF YOUR VALID FOID CARD.**

PART I: Application Category Information

1. PROFESSION NAME REGISTERED FIREARM INSTRUCTOR	2. PROFESSION CODE 2 6 3	3. LICENSURE METHOD NON-EXAM	4. FEE \$75.00
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PART II: Applicant Identifying Information

1. NAME (Last Name, First Name, Middle Initial)		2. UNITED STATES SOCIAL SECURITY NUMBER OR ITIN: _____ - _____ - _____		
3. HOME STREET ADDRESS	4. CITY	5. COUNTY	6. STATE	7. ZIP CODE
8. E-MAIL ADDRESS (REQUIRED)	9. TELEPHONE NUMBER	10. DATE OF BIRTH (Month/Day/Year)		11. AGE

12. YES ☐ NO ☐ Have you ever had an Illinois license or registration disciplined based upon a violation of the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act or administrative rule? *If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.*

13. YES ☐ NO ☐ Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*

14. YES ☐ NO ☐ Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*

15. YES ☐ NO ☐ Have you ever been dishonorably discharged from the armed forces of the United States? *If yes, attach explanation.*

16. YES ☐ NO ☐ In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: *If you are not subject to a child support order, answer "no"*).

17. YES ☐ NO ☐ In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

18. INSTRUCTOR EDUCATION

NAME OF INSTITUTION ADDRESS	DATES OF ATTENDANCE From _____ To _____	DATE OF GRADUATION
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19. QUALIFICATIONS - Check below the type of qualifications you have that meet the requirements as referenced in Section 1240.515 of the Illinois Private Detective... Rules at www.idfpr.illinois.gov. **Submit verified proof of same.**

<input type="checkbox"/> Range Instructor recognized and approved by the Illinois Police Training Board
<input type="checkbox"/> Law Enforcement Firearm Instructor course recognized and approved by the National Rifle Association
<input type="checkbox"/> Other firearm instructor training

20. CHECK THAT A COPY OF YOUR VALID FOID IS ATTACHED. ☐

21. I CONSENT TO PROFESSIONAL ORGANIZATIONS HAVING MY EMAIL ADDRESS. ☐

22. PAYMENT METHOD AND CERTIFYING STATEMENT

☐ Check / Money Order. Check Number: _____

☐ Online. Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of _____. Approved #: _____

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

Signature of Applicant

Date