



## WEAPONS DISCHARGE REPORT FORM

**Important Notice:** Pursuant to Section 35-30 (e) (4) of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act (225 ILCS, Section 447/35-30) each employer shall maintain as part of each armed employee's permanent file, a record of each instance in which the employee's weapon was discharged during the course of his/her professional duties. Such record must be maintained on this form, a copy of which must be filed with the Department within 15 days of each occasion of weapon discharge. Failure on the part of any employer to file and maintain weapons discharge records in the manner herein described shall be grounds for disciplinary action.

PART I. - ARMED EMPLOYEE INFORMATION		PART II. - LICENSED AGENCY INFORMATION	
A. NAME OF EMPLOYEE AS IT APPEARS ON PERMANENT EMPLOYEE REGISTRATION CARD (Last, First, Middle Initial)		A. NAME OF EMPLOYING AGENCY	
B. PERMANENT EMPLOYEE REGISTRATION NUMBER OF ARMED EMPLOYEE		B. ADDRESS OF AGENCY	
C. LICENSE NUMBER OF ARMED EMPLOYEE (If applicable)		C. AGENCY LICENSE NUMBER	
D. FIREARM CONTROL CARD NUMBER		D. LICENSEE-IN-CHARGE OF AGENCY	
E. EXPIRATION DATE OF FIREARM CONTROL CARD		E. LICENSE NUMBER OF LICENSEE-IN-CHARGE	

**PART III.**

A. DATE OF INCIDENT	B. TIME OF INCIDENT	C. LOCATION OF INCIDENT (Be as specific as possible)
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D. CIRCUMSTANCES OF WEAPON DISCHARGE - (Be specific as to each instance in which the employee's weapon was discharged during the cause of his/her professional duties. Additional paper may be used if necessary.)(Include a copy of the police report.)

I swear that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Armed Employee

\_\_\_\_\_  
Signature of Agency Licensee-in-Charge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Send the completed form to: [FPR.SafetyUnit@illinois.gov](mailto:FPR.SafetyUnit@illinois.gov)

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