

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 <u>2</u> <u>6</u> <u>3</u>	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: _____ - _____ - _____		
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. CERTIFYING STATEMENT

I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief and that I am legally authorized to sign this application.

Signature (in full-use no initials) _____
Date

INSTRUCTIONS FOR MAKING APPLICATION FOR A REGISTERED FIREARM INSTRUCTOR

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 approvals for firearm instructors shall expire on December 31, 2017 and every five years thereafter.

Before completing the application package, read each of the steps below and follow them as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. The application which you submit is valid for three years from the date of receipt.

APPLICATION INSTRUCTIONS

1. Complete the application in its entirety. An incomplete or illegible application will be returned. Type or print in black ink.
2. Applicant must be at least 21 years of age.
3. Disclosure of your U.S. social security number, 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.
4. Submit a non-refundable registration fee of \$75.00, made payable to the Department of Financial and Professional Regulation.
5. Attach a copy of your valid FOID card as issued by the Illinois State Police.
6. Forward application, supporting documentation, and fee payment to:

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