



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 identifiic.
- ◆ 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>.

APPLICATION 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 - FOID CARD

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

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.htm/>.

Step IV - MAIL APPLICATION

Mail the application, fee (unless paying online), and copy of 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.

APPLICATION FOR FIREARM CONTROL CARD FOR LICENSEE/LICENSED AGENCIES

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Effective July 13, 2012, submit a non-refundable fee of \$75 made payable to IDFP. Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes 447/1et. seq. Disclosure of this information is REQUIRED. However, failure to comply may result in this form not being processed.

Agency / Licensee Number - This box to be completed by the Division of Professional Regulation:

THIS SECTION TO BE COMPLETED BY APPLICANT/LICENSEE

1. NAME OF EMPLOYEE/LICENSEE TO WHICH CARD WILL BE ISSUE (Last, First, Middle Initial)	2. UNITED STATES SOCIAL SECURITY NUMBER OR ITIN
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3. E-MAIL ADDRESS (REQUIRED)	4. INDIVIDUAL LICENSE NUMBER, IF APPLICABLE (115-, 119-, or 124 Only use one prefix.)
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5. PERC 129-	6. FIREARM TRAINING NUMBER 230-	7. F.O.I. NUMBER (You must attach a legible photocopy of active F.O.I.D. card.)
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8. PERSONAL DATA (See reverse side for assistance in completing this portion.) A. Height: _____ E. Eye Color: _____ B. Weight: _____ F. Race: _____ C. Date of Birth: _____ G. Sex: _____ D. Hair Color: _____	9. I have been trained on the following weapon(s): Type: Last Qualification Date (M/D/Y) <input type="checkbox"/> Revolver _____ / _____ / _____ <input type="checkbox"/> Semi-automatic _____ / _____ / _____ <input type="checkbox"/> Shotgun _____ / _____ / _____ <input type="checkbox"/> Rifle _____ / _____ / _____
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10. 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? Yes No
If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.

11. 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.* Yes No

12. 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.* Yes No

13. Have you ever been dishonorably discharged from the armed services or from a city, country, state of federal position? *If yes, attach explanation.* Yes No

14. 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? Yes No
 (NOTE: If you are not subject to a child support order, answer "no.")

15. 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? Yes No

Signature of Employee/Licensee: _____ Date: _____

THE EMPLOYING AGENCY/LICENSEE MUST COMPLETE PAGE 2

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

THIS SECTION TO BE COMPLETED BY EMPLOYING AGENCY/LICENSEE

1. NAME OF AGENCY/LICENSEE AS IT APPEARS ON LICENSE	2. AGENCY/LICENSEE TELEPHONE NUMBER (_____) _____ - _____
3. ADDRESS OF AGENCY/LICENSEE (Street, City, State, Zip Code)	4. NAME OF LICENSEE IN CHARGE OF AGENCY/LICENSEE
5. AGENCY LICENSE NUMBER (117-, 122-, or 127 -Only use one prefix.)	6. LICENSE NUMBER OF LICENSEE OR LICENSEE IN CHARGE (115-, 119-, or 124 - Only use one prefix.)

7. E-MAIL ADDRESS OF LICENSEE IN CHARGE (REQUIRED)

Signature of Licensee or Licensee in Charge: _____ Date: _____
(Licensee or Licensee in Charge)

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.

INSTRUCTIONS FOR ABBREVIATIONS OF PERSONAL DATA FOR BOX 8 ON PAGE 1 OF THE APPLICATION

A. HEIGHT

Express in feet and inches respectively. (Do not use fractions of an inch; round off to the nearest inch.)

Example: 5'11": 511
 6'0": 600
 7'0": 510

B. WEIGHT

Express in pounds. (Do not use fractions of a pound; round off to the nearest pound.)

Example: 94 lbs: 094
 186 lbs: 186

C. DATE OF BIRTH

Month/Day/Year

D. HAIR COLOR

*Bald	BAL
Black	BLK
Blond or Strawberry	BLN
Brown	BRO
Gray or Partially Gray	GRY
Red or Auburn	RED
Sandy	SDY
White	WHI

*Bald (BAL) is to be used when subject has lost most of the hair on his head or is hair less.

E. EYE COLOR

Black	BLK	Green	GRN
Blue	BLU	Hazel	HAZ
Brown	BRO	Maroon	MAR
Gray	GRY	Pink	PNK

F. RACE

White	W
Black	B
Asian/Pacific Islander	A
American Indian/Alaskan	I
Unknown	U

G. SEX

Male	M
Female	F

