

WARNING: Entering false information on an application for a Firearm Owner's Identification Card is punishable as a Class 2 felony in accordance with subsection (d-5) of Section 14 of the Firearm Owner's Identification Card Act.

Document #

Document number input field

Remit exactly \$10.00 in check or money order payable to FOID. THIS FEE IS NONREFUNDABLE

Last Name

Last Name input field

First Name

First Name input field

M. Initial

Suffix

Street Address

Street Address input field

Apt

City/Town

City/Town input field

State

Zip Code

County Code

County Code input field

See Back for County Code Listings

Date of Birth (MM/DD/YYYY)

Date of Birth input field

List Any Previous Names

List Any Previous Names input field

SEX: Male Female

RACE: Black White Other

HEIGHT: ft in

WEIGHT: lbs

EYE COLOR: SELECT ONE:

- Brown, Black, Other, Blue, Grey, Maroon, Green, Hazel

HAIR COLOR: SELECT ONE:

- Brown, Black, White, Blonde, Grey, Red, Sandy, Bald, Other

1. Place of Birth State or Country

1a. Are you a United States citizen or a naturalized citizen? Yes No

If NO, you must provide your alien registration number or provide other proof of documentation.

Alien # input field

(Alien # - Resident Alien Card/Permanent Resident Card) (Admission # Form I-94/I-94W)

Mandatory: If you are 18 years of age or older, you must provide your Illinois Driver's License # or your State Identification #.

Illinois Driver's License Number

Illinois Driver's License Number input field

OR

Illinois State Identification Number

Illinois State Identification Number input field

ALL QUESTIONS MUST BE ANSWERED. FOR QUESTIONS ANSWERED YES, PROVIDE DETAILED DOCUMENTATION.

All definitions defined by the FOID Act

- 2. Have you ever been convicted of a felony?
3. In the past 5 years, have you been a patient in any medical facility...
4. Are you addicted to narcotics?
5. Are you mentally retarded?
6. Are you subject to an existing order of protection...
7. Within the past 5 years, have you been convicted of battery, assault...
8. Have you ever been convicted of domestic battery...
9. Have you ever been adjudicated a delinquent minor...
10. Are you an alien who is unlawfully present...
11. Have you ever been adjudicated as a mental defective?

Optional Numbers

Social Security Number input field

Area Code Daytime Phone Number input field

My signature authorizes the Illinois State Police to verify answers given with the Department of Human Services and any medical facility used for the care or treatment of mental illness. I hereby solemnly affirm that the information contained herein is true to the best of my knowledge. I consent to the use of my digital Illinois Driver's License or Illinois State Identification photo and signature. I understand that I am still required to submit a photo and signature with this application.

Signature box

SIGNATURE REQUIRED (Please sign inside the box)

IF YOU ARE UNDER 21: The minor applicant and their parent or legal guardian must complete this section. The signature of the applicant's parent or legal guardian is required.

The parent or legal guardian giving the consent shall be liable for any damages resulting from the applicant's use of firearms or firearm ammunition.

- 1. Have you (the minor) ever been convicted of a misdemeanor other than a traffic violation?
2. Have you (the minor) ever been adjudged delinquent?
3. Are you (the minor) subject to a petition alleging you are a delinquent minor for the commission of an offense that if committed by an adult would be a felony?

Parent or Legal Guardian Information

Relationship: Mark with an X
Father
Mother
Legal Guardian

Parent/Guardian Last Name

Parent/Guardian Last Name input field

Date of Birth (MM/DD/YYYY)

Date of Birth input field

Male Female

First Name

First Name input field

MI

Illinois Driver's License or State ID#

Illinois Driver's License or State ID# input field

I hereby give my consent for this applicant to possess and acquire firearms and firearm ammunition. My signature authorizes the Illinois State Police to verify with the Department of Human Services and any medical facility used for the care or treatment of mental illness that I should not be prohibited from holding a Firearm Owner's Identification Card. I declare the above statements are true and accurate.

Signature of Parent/Legal Guardian Required

COUNTY CODE INDEX TABLE

Please use the table to the right for selecting the four letter County Code for your county of residence. Then enter the four letter code in the four boxes located on the reverse side of this application identified as County Code. (See reverse side of this form)	County	Code	County	Code	County	Code	County	Code	County	Code
Adams	ADAM	DuPage	DUPA	JoDaviess	JODA	McLean	MCLE	Scott	SCOT	
Alexander	ALEX	Edgar	EDGA	Johnson	JOHN	Menard	MENA	Shelby	SHEL	
Bond	BOND	Edwards	EDWA	Kane	KANE	Mercer	MERC	Stark	STAR	
Boone	BOON	Effingham	EFFI	Kankakee	KANK	Monroe	MONR	St. Clair	STCL	
Brown	BROW	Fayette	FAYE	Kendall	KEND	Montgomery	MONT	Stephenson	STEP	
Bureau	BURE	Ford	FORD	Knox	KNOX	Morgan	MORG	Tazewell	TAZE	
Calhoun	CALH	Franklin	FRAN	Lake	LAKE	Moultrie	MOUL	Union	UNIO	
Carroll	CARR	Fulton	FULT	LaSalle	LASA	Ogle	OGLE	Vermilion	VERM	
Cass	CASS	Gallatin	GALL	Lawrence	LAWR	Peoria	PEOR	Wabash	WABA	
Champaign	CHAM	Greene	GREE	Lee	LEE	Perry	PERR	Warren	WARR	
Christian	CHRI	Grundy	GRUN	Livingston	LIVI	Piatt	PIAT	Washington	WASH	
Clark	CLAR	Hamilton	HAMI	Logan	LOGA	Pike	PIKE	Wayne	WAYN	
Clay	CLAY	Hancock	HANC	Macon	MACN	Pope	POPE	White	WHIT	
Clinton	CLIN	Hardin	HARD	Macoupin	MACU	Pulaski	PULA	Whiteside	WHIS	
Coles	COLE	Henderson	HEND	Madison	MADI	Putnam	PUTN	Will	WILL	
Cook	COOK	Henry	HENR	Marion	MARI	Randolph	RAND	Williamson	WILM	
Crawford	CRAW	Iroquois	IROQ	Marshall	MARS	Richland	RICH	Winnebago	WINN	
Cumberland	CUMB	Jackson	JACK	Mason	MASO	Rock Island	ROCK	Woodford	WOOD	
DeKalb	DEKA	Jasper	JASP	Massac	MASS	Saline	SALI			
DeWitt	DEWI	Jefferson	JEFF	McDonough	MCDO	Sangamon	SANG			
Douglas	DOUG	Jersey	JERS	McHenry	MCHE	Schuyler	SCHU			

Note: Any person who is prohibited from acquiring or possessing firearms or firearm ammunition by any Illinois state statute or by federal law is ineligible for a FOID card.

Please allow 30 days for processing and delivery of your Firearm Owner's Identification Card.

Printed by the Authority of the State of Illinois



With this application you must include:

- Photograph**
- FOID Fee - \$10.00**
- Signature**

Mail To:

**Illinois State Police - FOID
Post Office Box 19233
Springfield, IL 62794-9233**

Commission on Accreditation for Law Enforcement Agencies



Internet Address <http://www.isp.state.il.us>
Customer Service Telephone: 217-782-7980
(For Hearing Impaired only TDD 1-800-255-3323)

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DO NOT SEND CASH**