

**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 #

[Empty box for Document #]

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

**Last Name**  
[Grid]

**First Name**  
[Grid] **M. Initial** [Grid] **Suffix** [Grid]

**Street Address**  
[Grid] **Apt** [Grid]

**City/Town**  
[Grid] **State** [Grid] **Zip Code** [Grid]

**County Code** [Grid] **Date of Birth (MM/DD/YYYY)** [Grid] **List Any Previous Names** [Grid]

See Back for County Code Listings

Tape  
**EXACT SIZE**  
Photo  
Here

**Face Up**  
1 1/4" by 1 1/2"

Head and  
Shoulders only

**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 [Grid]

**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 # [Grid]

(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 [Grid]

OR

Illinois State Identification Number [Grid]

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

**All definitions defined by the FOID Act**

	Yes	No
2. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 5 years, have you been a patient in any medical facility or part of any medical facility used primarily for the care or treatment of persons for mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you addicted to narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you mentally retarded?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you subject to an existing order of protection which prohibits you from possessing a firearm?	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the past 5 years, have you been convicted of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been convicted of domestic battery or a substantially similar offense (misdemeanor or felony)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you an alien who is unlawfully present in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been adjudicated as a mental defective?	<input type="checkbox"/>	<input type="checkbox"/>

**Optional Numbers**

Social Security Number [Grid]

Area Code [Grid] Daytime Phone Number [Grid]

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 Line]

**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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you (the minor) ever been adjudged delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**Parent or Legal Guardian Information**

Relationship: Mark with an X  
 Father  Parent or legal guardian must be 21 years of age and eligible to acquire or possess firearms or firearm ammunition. Legal Guardian must submit a copy of legal guardianship court order.  
 Mother   
 Legal Guardian

**Parent/Guardian Last Name** [Grid] **First Name** [Grid] **MI** [Grid]

**Date of Birth (MM/DD/YYYY)** [Grid] Male  Female

Illinois Driver's License or State ID# [Grid]

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

<p>Please use the table to the right for selecting the four letter County Code for your county of residence.</p> <p>Then enter the four letter code in the four boxes located on the reverse side of this application identified as County Code.</p> <p><small>(See reverse side of this form)</small></p>	County	Code	County	Code	County	Code	County	Code	County	Code
	Adams	ADAM	DuPage	DUPA	JoDavies	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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Jonathon E. Monken  
 Acting Director, Illinois State Police



**Paperclip Check or  
 Money Order Here  
 DO NOT SEND CASH**