

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:

STATE OF ILLINOIS
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 ATTN: DIVISION OF PROFESSIONAL REGULATION
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

WAIVER OF FIREARM TRAINING

INSTRUCTIONS

APPLICANT: Complete the bottom of this page and forward to the Department of Financial and Professional Regulation, along with the following applicable documentation:

I. Police Training:

A. In-State

1. Submit a copy of certification of completion of training provided by the Illinois Law Enforcement Training Standards Board; or
2. Submit a copy of the Illinois State Police "Appoint and Commission" certificate if training was provided by the Illinois State Police; or
3. Submit a letter verifying current employment as a law enforcement officer as defined in the Illinois Police Training Act.

B. Out-of-State

1. Submit a comprehensive description of the program, prepared by the facility where you completed said training.

II. Illinois Approved Firearm Instructor - Submit a copy of Illinois approved instructor certification issued by this Department.

NOTE: Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. 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.

1. NAME (Last, First, Middle Initial) Please Type or Print in black pen.	2. DATE OF BIRTH	3. UNITED STATES SOCIAL SECURITY NO.
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4. ADDRESS (Street, City, State, and ZIP Code)
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5. MAIDEN NAME	6. PERMANENT EMPLOYEE REGISTRATION NUMBER (If Applicable) 129 -
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7. DPR FIREARM COURSE NUMBER 102 - 91	8. DATES OF ATTENDANCE ___ / ___ / ___ to ___ / ___ / ___	9. DATE TRAINING COMPLETED ___ / ___ / ___
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10. NAME AND ADDRESS OF TRAINING ACADEMY ATTENDED (Street, City, State, and ZIP Code)	11. CHECK TYPE OF WEAPON(S) FOR WHICH YOU WERE TRAINED: <input type="checkbox"/> Handgun/Revolver <input type="checkbox"/> Shotgun <input type="checkbox"/> Semi-automatic <input type="checkbox"/> Rifle
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Date _____ Signature _____