

**Important Notice:** Pursuant to Section 35-30 (e) (4) of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act (225 ILCS, Section 446/35-30) each employer shall maintain as part of each armed employee's permanent file, a record of each instance in which the employee's weapon was discharged during the course of his/her professional duties. Such record must be maintained on this form, a copy of which must be filed with the Department within 15 days of each occasion of weapon discharge. Failure on the part of any employer to file and maintain weapons discharge records in the manner herein described shall be grounds for disciplinary action.

RETURN FORM TO:

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

**WEAPONS DISCHARGE REPORT FORM**

**PART I. - ARMED EMPLOYEE INFORMATION**

A. NAME OF EMPLOYEE AS IT APPEARS ON PERMANENT EMPLOYEE REGISTRATION CARD (Last, First, Middle Initial)

B. PERMANENT EMPLOYEE REGISTRATION NUMBER OF ARMED EMPLOYEE

C. LICENSE NUMBER OF ARMED EMPLOYEE (If applicable)

D. FIREARM CONTROL CARD NUMBER

E. EXPIRATION DATE OF FIREARM CONTROL CARD

**PART II. - LICENSED AGENCY INFORMATION**

A. NAME OF EMPLOYING AGENCY

B. ADDRESS OF AGENCY

C. AGENCY LICENSE NUMBER

D. LICENSEE-IN-CHARGE OF AGENCY

E. LICENSE NUMBER OF LICENSEE-IN-CHARGE

**PART III.**

A. DATE OF INCIDENT

B. TIME OF INCIDENT

C. LOCATION OF INCIDENT (Be as specific as possible)

D. CIRCUMSTANCES OF WEAPON DISCHARGE - (Be specific as to each instance in which the employee's weapon was discharged during the cause of his/her professional duties. Additional paper may be used if necessary.)

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I swear that the above information is true and correct to the best of my knowledge.

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 Signature of Armed Employee

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 Signature of Agency Licensee-in-Charge

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**OFFICIAL USE ONLY - ENFORCEMENT DIVISION**