APPLICATION FOR FIREARM CONTROL CARD FOR LICENSEE/LICENSED AGENCIES

INSTRUCTIONS

EXEMPTIONS: A peace officer as defined in the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act is exempt from the requirements relating to the possession of a firearm control card. The employing agency shall remain responsible for any peace officer employed under this exemption.

A person employed as an armed security guard at a nuclear energy, storage, weapons, or development site or facility regulated by the Nuclear Regulatory Commission who has completed the background screening and training mandated by the rules and regulations of the Nuclear Regulatory Commission is exempt from registration for a firearm control card.

- 1. Please type or print.
- 2. Applicant must be at least 21 years of age to apply for a firearm control card.
- 3. 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. 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.
- 4. The name shown for the employee or licensee to whom the card will be issued must be as it appears on the permanent employee registration card or on the private detective, private security contractor, and/or private alarm contractor license that the applicant possesses. An application for a firearm control card may be completed by a licensed private detective, private security contractor, or private alarm contractor working on their own behalf.
- 5. Applicant must have a verifiable firearm training number (see item 6 of applicant section) to be eligible for firearm control card. The 40-hour firearm training course must have been completed within 2 years preceding this application or employee must show proof of requalification within the last year.
- 6. A \$75 processing fee, made payable to the Illinois Department of Financial and Professional Regulation, must accompany this application. There will be a \$45 triennial fee required for renewal of this card. All fees are nonrefundable.
- 7. The firearm control card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Department by the employer. The firearm control card will expire on date specified on face of the card.
- 8. Child support statement and state tax statement must be answered.

9. Send application and fee to: Department of Financial and Professional Regulation

Attn: Division of Professional Regulation 320 West Washington Street, 3rd Floor

Springfield, Illinois 62786

IL486-1314 2/24 (DE) Packet Updated 2/14/24

APPLICATION FOR FIREARM CONTROL CARD FOR LICENSEE/LICENSED AGENCIES

IMPORTANT NOTICE: Effective July 13, 2012, submit a non-refundable fee of \$75 made payable to IDFPR. 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:

FOR OFFICIAL USE ONLY

	THIS	S SECTION TO BE COMPL	ETED BY APPLICANT/LICENSEE						
	E OF EMPLOYEE/LICENSEE , First, Middle Initial)	TO WHICH CARD WILL BE ISSUE	2. UNITED STATES SOCIAL SECURITY NUMBER C	R ITIN					
3. E-MA	AIL ADDRESS (REQUIRED)		INDIVIDUAL LICENSE NUMBER, IF APPLICABLE (115-, 119-, or 124 Only use one prefix.)						
5. PER 129	-	6. FIREARM TRAINING NUMBER 230-	F.O.I. NUMBER (You must attach a legible photocop card.)	y of active	F.O.I.D.				
8. PEF port		ide for assistance in completing this	9. I have been trained on the following weapon(s): Type: Last Qualification Date (M/D/Y)						
В. С.	Height: Weight: Date of Birth: Hair Color:	E. Eye Color: F. Race: G. Sex:	☐ Revolver / ☐ Semi-automatic / ☐ Shotgun / ☐ Rifle /	/ /	_				
Det	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? If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.								
give per the	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.								
incl cor	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.								
	re you ever been dishonora eral position? If yes, attach		vices or from a city, country, state of	□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? (NOTE: If you are not subject to a child support order, answer "no.")									
15. In lic sh	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."								
Ar	e you delinquent in the filing		□Yes	□No					
Signa	ture of Employee/Licens	ee:	Date:						
			NSEE MUST COMPLETE DAGE 2						

		TH	IS SECTION	TO I	BE CO	MPLETED I	BY EMP	LOYING	AGEN	CY/LICENSEE	
1. NAME OF AGENCY/LICENSEE AS IT APPEARS ON LICENSE					2. AGENCY/LICENSEE TELEPHONE NUMBER						
							,				
2	ADDDESS OF	- ACENICY/I	ICENSEE (Street	ot City	Ctoto 7	n Codo)	()			
3. /	ADDRESS OF	- AGENCY/I	LICENSEE (Stree	et, City,	, State, Zi	p Code)	4. NAME OF LICENSEE IN CHARGE OF AGENCY/LICENSEE				
5. /	AGENCY LICI	ENSE NUM	BER (117-, 122-,	or 127	-Only use	e one prefix.)	6. LICENSE NUMBER OF LICENSEE OR LICENSEE IN CHARGE				
							(115-,	119-, or 124	- Only us	se one prefix.)	
7 🗆	MAIL ADDDE	SS OF LICE	NSEE IN CHARG	DE (DE	OLUBED						
/. =	-WAIL ADDRE	:SS OF LICE	INSEE IN CHARC	ac (Kc	QUIKED)					
Sig	nature of Li	icensee or	Licensee in C	:hara	۵.					Date:	
Oig	natare or E	10011000 01	LIGOTIGO III C	ziiai g	o	(License	e or License	ee in Charge	e)		
LUN	IDERSTAND	THAT FF	ES ARE NOT R	FFUN	IDARI F	My signatur	e ahove ai	ıthorizes th	ne Dena	rtment of Financial and Pro	fessional
										his will be done only if the a	
sub	mitted is grea	ater than th	e required fee h	nereun	der, but	in no event sh	nall such re	eduction be	e made i	n an amount greater than \$	50.
						ABBREVIA				DATA	
			F	OR E	30X 8 C	ON PAGE 1 (OF THE A	APPLICAT	TION		
A.	HEIGHT			D.	HAIR (COLOR			F.	RACE	
	Express in fe	et and inche	s respectively		*Bald			BAL		White	W
	Express in feet and inches respectively. (Do not use fractions of an inch; round				Black		BLK BLN			Black	В
	off to the nea	off to the nearest inch.				or Strawberry				Asian/Pacific Islander	A
	Example:	5'11":	511		Brown Gray or	Partially Gray		BRO GRY		American Indian/Alaskan Unknown	l U
		6'0":	600			Auburn RED		ORT		OTIKITOWIT	O
	70":	510		Sandy			SDY	G.	SEX		
В.	WEIGHT				White			WHI		Male	М
	Express in pounds. (Do not use fractions of a pound;			*Bald (BAL) is to be used when subject has lost most of the hair on his head or is hair					Female	F	
				less.	st of the fiall of	i ilis ileau o					
	round off to the nearest pound.)										
	Example:	94 lbs: 186 lbs:	094 186	E.	EYE C						
		100 lbs.	100	Black	BLK BLU	Green	GRN				
C.	DATE OF BIRTH			Blue Brown	BRO	Hazel Maroon	HAZ MAR				
	Month/Day/Year			Gray	GRY	Pink	PNK				
	-										

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 447/1 et. seq. (Illinois Compiled Statues). Disclosure of this information is REQUIRED. Failure to provide this information could result in a penalty as outlined in said Act.

RETURN TO:

STATE OF ILLINOIS

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

CARD TERMINATION

• Upon termination, for any reason, of the employment of the individual to whom card marked below has been issued, it is the responsibility of the licensee-in-charge or security director to return the card to the Department. The card must be returned within 72 hours of such termination.

 To return the card, Section I of this form must be completed, the card must be attached to the form and mailed to the Department at the address shown at the top of this form. 								
• If the card cannot be obtained for return to the Department, Section II of this form MUST be completed and submitted to the Department within 72 hours of termination of the individual's employment.								
 Failure to comply with these requirements is this Department. 	grounds for disciplir	ne of the license of	f the licensee-in-charge for ag	encies licensed by				
Check the box below that pertains to the card be CANINE HANDLER AUTHOR CANINE TRAINER AUTHORI	RIZATION CARD	employee listed or	n the form: FIREARM CONTROL C	CARD				
SECTION IPERTAINS TO CARD WHICH HAS BE	EN RETURNED (ATT	ACH CARD TO FO	DRM)					
1. EMPLOYEE NAME (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		. SSN OR ITIN	·				
3. CANINE HANDLER AUTHORIZATION CARD NUMBE CANINE TRAINER AUTHORIZATION CARD NUMBEI		4.	. DATE OF EMPLOYEE'S TERMII	NATION				
FIREARM CONTROL CARD NUMBER	229 -		Month Day	Year				
I attest that the above-named employee left the returning the card marked above issued to said Signature Licensee-in-Charge or Sector License Number of License (Not Applicable for Proprietary)	rity Director ee-in-Charge	Na	etary Security Force as indicate ame of Agency or Proprietary Secunse Number of Agency or Registra of Proprietary Security Force	urity Force				
SECTION IIPERTAINS TO CARD WHICH HAS NO)	of Proprietary Security Force	e				
A. EMPLOYEE NAME (Last, First, Middle Initial)		B.SSN OR ITIN						
C. CANINE HANDLER AUTHORIZATION CARD NUMBER 267 - CANINE TRAINER AUTHORIZATION CARD NUMBER 266 - FIREARM CONTROL CARD NUMBER 229 -								
D. EMPLOYEE FIREARM OWNER'S I.D. CARD NUM	IBER (For FCC only)	E. EXPIRAT	TION DATE OF FIREARM CONTR	OL CARD				
F. DATE EMPLOYEE LEFT AGENCY / / /	G. THE CARD MARK	KED ABOVE IS NO	OT ATTACHED FOR THE FOLL	OWING REASON(S):				
I attest that the above-named employee left the agency or Proprietary Security Force as shown above. Signature								
Licensee-in-Charge or Secu	Name of Agency or Proprietary Security Force							
License Number of Licens (Not Applicable for Proprietan		License Number of Agency or Registration Number of Proprietary Security Force						