

## ILLINOIS STATE POLICE APPLICATION FOR FIREARM OWNER'S IDENTIFICATION CARD

BARCODE



**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.

**Application Instructions:** Please print or type all information and place an X in the appropriate box for sex, race, hair and eye color. Please place an X in the box for "yes" and "no" responses. Please ensure application is FULLY completed. **Incomplete applications will be rejected.** The issuance of a FOID card will not relieve firearm requirements imposed by federal or local ordinance. Enclose the application along with a check or money order and photograph in an envelope with the proper postage and mail to the address located on the back. Do not send cash, stamps, or copies of money orders. **Remit exactly \$5.00 in check or money order payable to FOID. THIS FEE IS NONREFUNDABLE**

Last Name

Document #

First Name

M. Initial

Suffix

Street Address

Apt

City/Town

State

Zip Code

County Code

See Back for  
County Code  
Listings

Date of Birth

List Any Previous Names

SEX

Male ☐ Female ☐

RACE

Black ☐ White ☐ Other ☐

HGT

5 ft 08 in 150 lbs

WGT

HAIR COLOR: SELECT ONE

Brown ☐ Blonde ☐ Sandy ☐Black ☐ Grey ☐ Bald ☐White ☐ Red ☐ Other ☐

EYE COLOR: SELECT ONE

Brown ☐ Blue ☐ Green ☐Black ☐ Grey ☐ Hazel ☐Other ☐ Maroon ☐**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 State Identification Number

A 1 2 3 4 5 6 7 8 9 0 1 OR 1 2 3 4 5 6 7 8 9 0 1 A

**ARE YOU A UNITED STATES CITIZEN OR A NATURALIZED CITIZEN?** . . . . . Yes ☐ No ☐**If you answered NO, you must provide****your INS-Issued Alien or Admission #**(Alien # - Resident Alien Card/Permanent Resident Card)  
(Admission # Form I-94/I-94W)Please provide the country of your birth if you  
are not a naturalized citizen or U.S. citizen.naturalized citizens do  
not need to provide

A B C D E F G H I J K L M N O P Q

**FOR QUESTIONS 2-10 ANSWERED 'YES', PROVIDE DETAILED DOCUMENTATION Mark The Appropriate Box With An X**

- REASON FOR APPLICATION: New ☐ Renewal ☐ Lost/ Stolen ☐ Damaged/ Destroyed ☐ Name Change ☐ Address Change ☐ Yes ☐ No ☐
- Have you ever been convicted of a felony? . . . . . ☐ Yes ☐ No ☐
- 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? . . . . . ☐ Yes ☐ No ☐
- Are you addicted to narcotics? . . . . . ☐ Yes ☐ No ☐
- Are you mentally retarded? . . . . . ☐ Yes ☐ No ☐
- Are you subject to an existing order of protection which prohibits you from possessing a firearm? . . . . . ☐ Yes ☐ No ☐
- 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? . . . . . ☐ Yes ☐ No ☐
- Have you ever been convicted of domestic battery or substantially similar offense (misdemeanor or felony)? . . . . . ☐ Yes ☐ No ☐
- Have you ever been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony? . . . . . ☐ Yes ☐ No ☐
- Are you an alien who is unlawfully present in the United States? . . . . . ☐ Yes ☐ No ☐

Optional  
NumbersDaytime  
Phone  
Number

Area Code

1 2 3 4 5 6 7 8 9 0

Social Security Number

1 2 3 4 5 6 7 8 9

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. My signature below authorizes the Illinois State Police to reduce the amount of my personal check if the amount submitted is not correct. 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 REQUIRED** (Please sign inside the box)Failing to  
follow  
instructions  
or  
attempting  
to obscure  
your identity  
will prolong  
processing  
or result  
in the  
rejection  
of your  
application.**Attach  
EXACT SIZE  
Photo  
Here****Face Up  
1 1/4" by 1 1/2"****Head and  
Shoulders only****YOU MUST SUBMIT A  
PHOTOGRAPH****SECURELY ATTACH THE PHOTO  
TO THE APPLICATION****Prior FOID, Driver's License,  
Illinois State Identification or  
laminated photographs will  
not be accepted.**

A photograph of the applicant must be submitted in the size shown, taken within the past six months. The photograph must be clear, front view, full face, head and shoulders only, without sunglasses, hats, scarves, or any object which would obscure the identity of the applicant.

**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.

- Have you (the minor) ever been convicted of a misdemeanor other than a traffic violation? . . . . . Yes ☐ No ☐
- Have you (the minor) ever been adjudged delinquent? . . . . . Yes ☐ No ☐
- 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? . . . . . Yes ☐ No ☐

**Parent or Legal Guardian  
Information**Relationship:  
Mark with an XFather ☐Mother ☐Legal  
Guardian ☐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.****Parent/Guardian Last Name**

Date of Birth

M M D D Y Y Y Y

Male ☐Female ☐**First Name****MI**

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.

Illinois Driver's  
License or  
State ID#**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>(See reverse side of this form)</p>	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.

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of the State of Illinois  
May 2003



**With this application you must include:**

- ☐ **Photograph**
- ☐ **FOID Fee - \$5.00**
- ☐ **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)

[www.illinois.gov](http://www.illinois.gov) ISP Central Printing Section 28.5M ISP 6-181 (2/04)

Larry G. Trent  
Director, Illinois State Police

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