

STATE OF ILLINOIS)
ILLINOIS STATE POLICE) FCCL Application No.: _____
FIREARMS SERVICES BUREAU)

AFFIDAVIT

The undersigned, _____, being first duly sworn upon oath, states as follows: *(enter full legal name)*

1. I am authorized under federal law and the laws of my state or territory of residence to own or possess a firearm;
2. I have a license or permit to carry a firearm or concealed firearm issued by my state or territory of residence and have attached a copy of said license hereto;
3. I have completed the Firearm Concealed Carry Act Applicant Firearm Training required by 430 ILCS 66/75 and understand Illinois laws pertaining to the possession and transportation of firearms; and
4. Within the past 5 years, I have not been admitted to a mental health facility voluntarily or involuntarily.
5. I acknowledge and understand that by applying for an Illinois Firearm Concealed Carry License, I am subject to the laws and jurisdiction of the State of Illinois for any violation of the Firearm Concealed Carry Act.
6. I acknowledge and understand that providing false information on this form is punishable as perjury under Section 32-2 of the Criminal Code of 2012 of Illinois.

FURTHER AFFIANT SAYETH NOT.

Signature

Subscribed and sworn to before me

this _____ day of _____, _____.

Notary Public