



**Employment Requirement Certification
For non-resident FOID Applicants
(Law enforcement and Armed Security)
Pursuant to: 430 ILCS 65/4(a)(2)(a-10)**

Instructions:

1. This certification must be completed by an authorized representative of the employer.
2. Certification must be filled out completely, signed and dated. Failure to complete the form properly will result in the denial of the individual's FOID application.
3. Certification must be submitted with the FOID application, photo, fee, and copy of the applicant's driver's license from his or her state of residence.

NAME OF FOID APPLICANT: _____ <i>Last, First, Middle Initial</i>	DATE OF BIRTH: ____/____/____
Address: _____ <i>Street or Mailing address; city, state, zip</i>	

By my signature below, I affirm:

- This individual is employed by me as a law enforcement or armed security officer in the State of Illinois and is currently not a resident of Illinois.
- A FOID card is a condition of his or her employment.
- I understand relief may be granted and a FOID card may be issued to this individual based on his/her employment requirement with my agency and if the individual leaves his or her employment, ISP is to be notified immediately and the FOID card will be cancelled.
- I understand an individual whose FOID card is revoked (or application denied) is prohibited from possessing firearms under state or federal law.

Name (please print):	Signature	Date:
Title:	Agency name:	Individual's Work Location:
	Professional License # (if applicable)	
Printed Address:	Telephone: Fax:	E-mail:

Questions regarding the application process for individuals employed as law enforcement or armed security officers who are not residents of Illinois, contact Illinois State Police, Firearms Services Bureau, Attn: Appeals, at 217/782-3849.