

STATE OF Illinois State Police )  
ILLINOIS STATE POLICE )  
FIREARMS SERVICES BUREAU )

FOID APPLICATION ID: \_\_\_\_\_

**OUT OF STATE 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. My application for a Firearm Owner’s Identification (FOID) card is for one of the following reasons: *(select one)*
  - I am employed by the United States Military and I am permanently stationed within the state of Illinois.
  - I am employed within the state of Illinois and a FOID card is required for my employment.
3. I acknowledge and understand that by applying for an Illinois FOID card, I am subject to the laws and jurisdiction of the state of Illinois for any violation of the FOID Act.
4. 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 (Must fit inside the box.)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public