CCL Application
Concealed Carry License (CCL)

To carry a concealed firearm in the State of Illinois, state law requires an Illinois Concealed Carry License.
New User Registration

Attention Current CCL Holders
Because Illinois Digital ID is no longer being used, CCL holders who obtained a CCL prior to March 16, 2015 will need to register as a new user before they can use Secure Sign In.

Note: After user registration has been completed, all future access will be obtained using Secure Sign In.
User Registration - Step 1

Guidance
1. Create a User ID.
2. Enter your email address.
3. Create a password.
4. Select and answer four security questions.
5. Enter the security code to advance.
1. Complete the remainder of your name.
2. Confirm your date of birth.
3. Add your primary telephone number.
4. Select ID state, ID type, and ID number.
5. Enter weight as displayed on State DL or ID card. (Weight must match the DL or ID card exactly.)
6. Indicate whether you have ever had a FOID card
7. If applicable, enter your existing/previous FOID card number. (Used to validate user if already in the system.)

Note: This box will appear after you select ID State.

Note: The instructions in this PowerPoint are based on the assumption you already have a valid FOID card. As such, you will select “Yes.”
User Registration - Step 3

Guidance

1. Complete the personal declaration and signature by entering your password.

2. If you selected “Yes FOID,” and entered a FOID number, the name and address of that FOID card holder will appear in a popup “Match Confirmation” box.

3. You will see the name and address of a potential match.

4. If this is your information, select “Yes, same person.” If this is not your information, select “No, not the same.”
   a. If “Yes” is selected, you will proceed to the application pages.
   b. If “No” is selected, you will receive notice that your identity requires further action by the Illinois State Police.
Attention Out-of-State Residents-CCL

Only residents of states or territories of the United States that have laws related to firearm ownership, possession, and carrying, that are substantially similar to the requirements to obtain a license under the Firearm Concealed Carry Act are eligible to obtain an Illinois CCL.

Currently, the only states considered to be substantially similar are Hawaii, New Mexico, South Carolina and Virginia.
CCL Application

Application Summary

DOE JOSEPH
1234 Main St
CENTRALIA, IL 62801
Marion County

Phone:
Email:
Fingerprint TCN: Not specified

Request Name or Address Change: $5.00 processing fee applies.

Your Firearm Owner's Identification Card

<table>
<thead>
<tr>
<th>Status</th>
<th>Expiration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>1/1/2020</td>
<td>1500000000</td>
</tr>
</tbody>
</table>

Renew
Order Replacement

Your Concealed Carry License

<table>
<thead>
<tr>
<th>Status</th>
<th>Expiration</th>
<th>Number</th>
<th>Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not on File</td>
<td>n/a</td>
<td>Pending</td>
<td></td>
</tr>
</tbody>
</table>

Apply
Order Replacement

Your Instructor Certification

<table>
<thead>
<tr>
<th>Status</th>
<th>Expiration</th>
<th>CCT ID</th>
<th>Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not on File</td>
<td>n/a</td>
<td>Pending</td>
<td></td>
</tr>
</tbody>
</table>

Created 1/1/2001

joedoe | Sign Out
To begin, enter preliminary information

Your State of Residence: Illinois

What are you applying for?

- Firearm Owner's Identification Card (FOID)
- Concealed Carry License

Guidance:
1. Select state of residence.
2. Select CCL.
Before we begin, please agree to the following:

**Waiver of Confidentiality:** I understand that I am required to personally complete this Firearm Concealed Carry Act License application and by submitting said application, I waive all of my privacy and confidentiality rights and privileges under all federal and state laws, including those limiting access to juvenile court, criminal justice, psychological, or psychiatric records or any records relating to my institutionalization. Further, I authorize the Illinois State Police to use the digital photo, demographic information and signature from my Illinois Driver’s License or State Identification to create my FCCA License and authorize the Illinois State Police to share my information as described in the Warning contained herein.

- [ ] I agree to the terms above

**Warning:** Entering false information on this form is punishable as perjury under Section 32-2 of the Criminal Code of 2012. This application is governed by the Firearm Concealed Carry Act (FCCA) and must be completed by the applicant in its entirety, or it will be denied. This application and the information contained herein may be provided to third parties with whom the Illinois State Police (ISP) has contracted in order to complete the processing of FCCA License applications. In such cases, however, the ISP requires the companies acting on our behalf abide by all state and federal laws and the Department’s privacy policies, as well as institute safeguards to protect the confidentiality of your information.

- [ ] I agree to the terms above
Confirm your date of birth. This information cannot be changed, as it corresponds to the information you provided during user registration.

If "Yes," you are required to submit supporting documentation, which confirms your status as law enforcement.

Application processing timeframes will vary depending upon whether you submit fingerprints or not. (Fingerprints=90 days, No Fingerprints=120 days)
CCL Application

Note: If you are not a US Citizen, you are required to provide additional information on the next screen.

Now, we'll collect identification numbers

Please enter the last 4-digits of your Social Security Number:

☐ Yes  ☐ No  Are you a US Citizen?

☐ Yes  ☐ No  Do you have a valid Driver’s License or Identification Card?

You must have a valid and active driver’s license or state identification to submit an application for a FOID and/or concealed carry license.
CCL Application (Non-US Citizens)

Now, we'll collect identification numbers

Please enter the last 4-digits of your Social Security Number:

☐ Yes ☐ No  Are you a US Citizen?

Country of Citizenship:

Enter your Alien Registration Number (ARN) or I-94 Number and Exception Document Type below:

☐ ARN  ☐ I-94

☐ Yes  ☐ No  Do you have a valid Driver's License or Identification Card?

<table>
<thead>
<tr>
<th>ID State</th>
<th>ID Type</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>Driver's License</td>
<td>D12345678999</td>
</tr>
</tbody>
</table>
CCL Application

Next, verify & complete the following information

Proper Name
Last       First       Middle       Suffix       Maiden Last Name
DOE        JOSEPH      

List all Previous Names
Last       First       Middle       Suffix

Place of Birth
Country     State
United States of America (USA)

Personal Information
Gender       Race
Male       White
Height       Weight       Hair Color       Eye Color
5' 7"      210        Brown       Brown

Contact Information
Type       Phone Number
Cell
Email (required for e-notifications)
Confirm Email (required for e-notifications)

Save       Previous       Next
IMPORTANT: This is how the Illinois State Police will contact you.

Email: joedoe1@noreply.com

This email address will be used for official correspondence from the Illinois State Police (ISP) about your application. Watch for email notifications from ISP to ensure any additional information required to process your application is provided in a timely manner.

If this email address changes while your application is under review, sign back in to this website and update your email address.
Now, let's gather the last 10 years of addresses.

Current Address

Street Address: 1234 Main St
Apt/Bldg #: 
Country: United States Of America (USA)
Zip/Postal Code State: 62801 Illinois
City/Town: CENTRALIA
County: Marion
Month: Jan Year: 1998

Mailing Address

(Same as Current Address)

Previous Addresses

10 years required 17 1

Note: Your physical address is required for the application.

Note: If your mailing address is different than your current address, please uncheck the box and add your mailing address.

Note: If applicable, use the “Add Address” link to ensure you document your last 10 years of addresses.
**Next, we'll ask Criminal History questions**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been convicted of a felony under the laws of this or any other jurisdiction?</td>
<td></td>
</tr>
<tr>
<td>Within the past 5 years (preceding the date of this application), have you been convicted of a battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed?</td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of domestic battery (felony or misdemeanor), aggravated domestic battery or a substantially similar offense?</td>
<td></td>
</tr>
<tr>
<td>Have you ever been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony?</td>
<td></td>
</tr>
<tr>
<td>Are you currently the subject of an existing Order of Protection or No Contact/No Stalking Order?</td>
<td></td>
</tr>
<tr>
<td>Within the previous year, have you failed a drug test for a drug for which you did not have a prescription?</td>
<td></td>
</tr>
<tr>
<td>Within the past year (preceding the date of this application), have you used or been addicted to any controlled substance or narcotics in violation of state or federal law?</td>
<td></td>
</tr>
<tr>
<td>Are you a medical marijuana patient registry card holder?</td>
<td></td>
</tr>
<tr>
<td>Within the past 5 years (preceding the date of this application), have you been a patient in a mental institution or any part of a medical facility for the treatment of mental illness?</td>
<td></td>
</tr>
<tr>
<td>Have you ever been adjudicated by a court as a mental defective or ordered by a court, board or authorized entity to an in-patient or out-patient mental health?</td>
<td></td>
</tr>
<tr>
<td>Are you intellectually or developmentally disabled?</td>
<td></td>
</tr>
<tr>
<td>Within the past 5 years (preceding the date of this application), have you been convicted or found guilty of a misdemeanor involving the use or threat of physical or violent to any person?</td>
<td></td>
</tr>
<tr>
<td>Are you currently the subject of pending arrest warrants, prosecution, or proceeding for an offense or action that could lead to the disqualification to own or possess a firearm?</td>
<td></td>
</tr>
<tr>
<td>Within the past 5 years (preceding the date of this application), have you been in residential or court-ordered treatment for alcoholism, alcohol detoxification, or alcohol treatment?</td>
<td></td>
</tr>
<tr>
<td>Within the past 5 years (preceding the date of this application) have you been convicted or found guilty in this State or any other state of 2 or more violations related to driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds, or any combination thereof?</td>
<td></td>
</tr>
</tbody>
</table>
Note: If you claim a firearms training exemption, you are required to upload supporting documentation.
Next, upload required documentation

Please upload your training certificate below (required):

Note: Only upload your ISP approved training certificate from your CCL Instructor. It must be signed by you and the instructor.

+ Add Document...

Accepted file types: PDF; JPG; PNG; and GIF. Max file size: 5.0 MB
Next, upload your Photo

Photo Requirements:

- Full color photo of a good likeness of you, no digital alterations
- Photo must be taken within the last thirty (30) days
- Facial view from shoulders up, properly centered and in focus
- Eyes open, mouth closed, neutral expression
- Background must be a light solid color
- No hats, sunglasses or other accessories that obscure your face

If your photo does not meet these requirements, your application will be delayed and you will be required to resubmit.

Accepted file types: JPG, PNG, and GIF. Max file size: 5.0 MB
Signature Certification: I have personally completed this Concealed Carry License Application. By electronically signing this application, I authorize the Illinois State Police to verify my answers and affirmatively request that any person or government or private entity authorized to hold records relevant to this application, including but not limited to those pertaining to my citizenship, criminal history and mental health treatment or history, to release such records or confirm information therein to the Illinois State Police. Under penalties of perjury, I certify I have examined all the information provided for my application or renewal and, to the best of my knowledge, it is true, correct, and complete.

Warning: Entering false information on this Concealed Carry License application is punishable as perjury under Section 32-2 of the Criminal Code of 2012.

After reading the declaration above, please enter your Password and click SIGN AND PAY to complete and make payment.

Login Id: joedoe1
Password:
CCL Application (Payment Processing, Page 1 of 3)

ILLINOIS STATE POLICE
FIREARMS SERVICES BUREAU

Billing Information
Please enter your Billing Instructions here

Billing Contact
Joseph
DOE
joe.doec1@noreply.com
555-555-5555

Billing Address
1234 Main St
62801
CENTRALIA

Payment Information

Review & Submit
Note: Service fees will be applied.
(Credit Card= 2.35%, Electronic Check= $1.00)
## Billing Information

### Billing Contact
- **Joseph DOE**
  - joedoe1@noreply.com
  - 555-555-5555

### Billing Address
- 1234 Main St
- CENTRALIA
- IL 62801

## Payment Information

- **Visa**
- **********1111
- Payment Amount: $150.00

## Review & Submit

- I authorize my account to be charged in accordance to the following Terms and Conditions for the payment(s) indicated above.

- [Submit Payment]
Your Application has been successfully submitted

Thank you for using the online portal for submitting your application for the Illinois Concealed Carry License. The Illinois State Police will process your application within 120 days pending all information is accurate and meets state requirements.

Applicant: DOE, JOSEPH
Date Submitted: 2/12/2015
Amount: $150.00
Payment Confirmation: 0c372c5a-bd26-457a-96f5-9db2ea59040a

Note: We will notify you via the email address you provided about status changes or to request additional information.

Note: Print this receipt for CCL payment and click “home” to access your application summary/home page.
Note: Your CCL application is complete. Please click “sign out” to log out of your account.

Note: Using secure sign in, you may login to your application dashboard at any time to check the status of your application.