

STATE OF ILLINOIS)
ILLINOIS STATE POLICE) FOID Application Number: # _____
FIREARMS SERVICES BUREAU)

FOID Application Inadvertent Yes Answer – Developmentally/Intellectually Disabled

AFFIDAVIT

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

- 1. My Firearm Owner’s Identification (FOID) Application Number is _____.
- 2. On or about _____ *(date)*, I received notification from the Illinois State Police that my FOID application was denied. **The stated reason for the denial is that on my application I indicated that I am intellectually or developmentally disabled.**
- 3. I hereby certify that I answered this question in error, and that I am not intellectually or developmentally disabled.
- 4. I understand that this affidavit shall constitute part of my license application.
- 5. I understand that pursuant to Section 14(d-5) of the Firearm Concealed Carry Act, entering false information on this affidavit is punishable as perjury under Section 32-2 of the Criminal Code of 2012.

FURTHER AFFIANT SAYETH NOT.

Signature

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public