

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

FOID Application Inadvertent Yes Answer – Failed Drug Test

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 have, within the previous year, failed a drug test for a drug for which I do not have a prescription.**
3. I hereby certify that I answered this question in error and that I have not, within the previous year, failed a drug test for a drug for which I do not have a prescription.
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