

## APPLICATION FOR FIREARM CONTROL CARD FOR LICENSEE/LICENSED AGENCIES

### INSTRUCTIONS

**EXEMPTIONS:** *A peace officer as defined in the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act is exempt from the requirements relating to the possession of a firearm control card. The employing agency shall remain responsible for any peace officer employed under this exemption.*

*A person employed as an armed security guard at a nuclear energy, storage, weapons, or development site or facility regulated by the Nuclear Regulatory Commission who has completed the background screening and training mandated by the rules and regulations of the Nuclear Regulatory Commission is exempt from registration for a firearm control card.*

1. Please type or print.
2. Applicant must be at least 21 years of age to apply for a firearm control card.
3. Disclosure of your U.S. social security number or ITIN, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
4. The name shown for the employee or licensee to whom the card will be issued must be as it appears on the permanent employee registration card or on the private detective, private security contractor, and/or private alarm contractor license that the applicant possesses. An application for a firearm control card may be completed by a licensed private detective, private security contractor, or private alarm contractor working on their own behalf.
5. Applicant must have a verifiable firearm training number (see item 6 of applicant section) to be eligible for firearm control card. The 40-hour firearm training course must have been completed within 2 years preceding this application or employee must show proof of requalification within the last year.
6. A \$75 processing fee, made payable to the Illinois Department of Financial and Professional Regulation, must accompany this application. There will be a \$45 triennial fee required for renewal of this card. All fees are non-refundable.
7. The firearm control card shall be retained by the employee for the term of employment. Upon termination of employment, the card shall be returned to the Department by the employer. The firearm control card will expire on date specified on face of the card.
8. Child support statement and state tax statement must be answered.
9. Send application and fee to:  
Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
320 West Washington Street, 3rd Floor  
Springfield, Illinois 62786

# APPLICATION FOR FIREARM CONTROL CARD FOR LICENSEE/LICENSED AGENCIES

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Effective July 13, 2012, submit a non-refundable fee of \$75 made payable to IDFP. Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes 447/1et. seq. Disclosure of this information is REQUIRED. However, failure to comply may result in this form not being processed.

Agency / Licensee Number - This box to be completed by the Division of Professional Regulation:

## THIS SECTION TO BE COMPLETED BY APPLICANT/LICENSEE

1. NAME OF EMPLOYEE/LICENSEE TO WHICH CARD WILL BE ISSUE (Last, First, Middle Initial)	2. UNITED STATES SOCIAL SECURITY NUMBER OR ITIN
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3. E-MAIL ADDRESS (REQUIRED)	4. INDIVIDUAL LICENSE NUMBER, IF APPLICABLE (115-, 119-, or 124 Only use one prefix.)
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5. PERC <b>129-</b>	6. FIREARM TRAINING NUMBER <b>230-</b>	7. F.O.I. NUMBER (You must attach a legible photocopy of active F.O.I.D. card.)
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8. PERSONAL DATA (See reverse side for assistance in completing this portion.)  A. Height: _____ E. Eye Color: _____ B. Weight: _____ F. Race: _____ C. Date of Birth: _____ G. Sex: _____ D. Hair Color: _____	9. I have been trained on the following weapon(s): Type: Last Qualification Date (M/D/Y) <input type="checkbox"/> Revolver _____ / _____ / _____ <input type="checkbox"/> Semi-automatic _____ / _____ / _____ <input type="checkbox"/> Shotgun _____ / _____ / _____ <input type="checkbox"/> Rifle _____ / _____ / _____
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10. Have you ever had an Illinois license or registration disciplined based upon a violation of the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act or administrative rule?  Yes  No  
*If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.*

11. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*  Yes  No

12. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*  Yes  No

13. Have you ever been dishonorably discharged from the armed services or from a city, country, state of federal position? *If yes, attach explanation.*  Yes  No

14. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?  Yes  No  
*(NOTE: If you are not subject to a child support order, answer "no.")*

15. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?  Yes  No

Signature of Employee/Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**THE EMPLOYING AGENCY/LICENSEE MUST COMPLETE PAGE 2**

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

**THIS SECTION TO BE COMPLETED BY EMPLOYING AGENCY/LICENSEE**

1. NAME OF AGENCY/LICENSEE AS IT APPEARS ON LICENSE	2. AGENCY/LICENSEE TELEPHONE NUMBER  ( _____ ) _____ - _____
3. ADDRESS OF AGENCY/LICENSEE (Street, City, State, Zip Code)	4. NAME OF LICENSEE IN CHARGE OF AGENCY/LICENSEE
5. AGENCY LICENSE NUMBER (117-, 122-, or 127 -Only use one prefix.)	6. LICENSE NUMBER OF LICENSEE OR LICENSEE IN CHARGE (115-, 119-, or 124 - Only use one prefix.)
7. E-MAIL ADDRESS OF LICENSEE IN CHARGE (REQUIRED)	

Signature of Licensee or Licensee in Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
(Licensee or Licensee in Charge)

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**INSTRUCTIONS FOR ABBREVIATIONS OF PERSONAL DATA FOR BOX 8 ON PAGE 1 OF THE APPLICATION**

**A. HEIGHT**

Express in feet and inches respectively.  
(Do not use fractions of an inch; round off to the nearest inch.)

Example: 5'11": 511  
6'0": 600  
7'0": 510

**B. WEIGHT**

Express in pounds.  
(Do not use fractions of a pound; round off to the nearest pound.)

Example: 94 lbs: 094  
186 lbs: 186

**C. DATE OF BIRTH**

Month/Day/Year

**D. HAIR COLOR**

\*Bald  
Black  
Blond or Strawberry  
Brown  
Gray or Partially Gray  
Red or Auburn RED  
Sandy  
White

\*Bald (BAL) is to be used when subject has lost most of the hair on his head or is hair less.

**E. EYE COLOR**

Black BLK      Green GRN  
Blue BLU      Hazel HAZ  
Brown BRO      Maroon MAR  
Gray GRY      Pink PNK

**F. RACE**

White W  
Black B  
Asian/Pacific Islander A  
American Indian/Alaskan I  
Unknown U

**G. SEX**

Male M  
Female F

