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