	ILLINOIS STATE POLICE	Bruce Ra	er, Governor
Agency Links       About ISP       Academy       Forensics       Crime       Missing Persons       Criminal History       Firearms       Traffic       Safety       News, Media, & Forms	ISP in Your Community	ISP News         ISP District 2 Donates Gift Basket To Support Chicagoland Childre Batting Brain Cancer         Eigin – The Illinois State Police District 2 Safety Education Unit today donated a gift basket for the Cancer Kiss My Cooley's 4th Annual Kiss it Gala Event taking place 6:00pr on March 7, 2015 at The Seville in Streamwood, IL. The ISP gift basket included 2 ISP T-Shirts, a Heritage Foundation C Full story         ISP Troopers Brave the Cold to Volunteer at Winter Special Olympics         Released:       February 11, 2015         Galena, IL – Illinois State Troopers joined the ranks of volunteers at this year's Illinois Winter Full story	Agency Features
Employment Links Contact Us	Quick Reference       Services & Info       Select	Released: February 8, 2015	Murderer and Violent Offender Against Youth Information
Freedom of Information  Public Notices Home Winter Road Conditions	Important Phone Numbers Select Forms Select Select	CHICAGO - Illinois State Police (ISP) officials are investigating a shooting that occurred near the Full story Click here for more ISP news	Methamphetamine Manufacturer Information
Search this site  Search Illinois  Criminal Background Check	ISP Districts         Choose an ISP district or select a county to locate the ISP district headquarters in that area.         Select ISP district	IACP/Motorola Trooper of the Year Award	CITIZEN SURVEY
Symposium Fallen	ISP Investigations (Zones)         ISP special agents, in cooperation with federal and local police agencies, investigate such crimes as homicide, sexual assault, fraud and forgery.         Choose a zone office or select a county to locate the ISP investigations office servicing that area.         Select ISP Zone          ISP Forensic Services         Forensic Sciences Labs		State Features
Agencies Boards and Commissions MERP MERPING Commissions Merping Merping Commissions Merping Merping Mercial M	Forensic Science Laboratories Area Map     Forensics Web     Crime Scene Services Area Map	Video provided courtesy of Motorola Solutions	

# **Firearms Services Bureau Home Page**



FOID Information CCL Information

CCL Instructor

Firearms Dealer

Clear & Present

Firearm Transfers

Frequently Asked

Unlawful Use of

**Firearm Projectiles** 

Sentences Imposed

Municipal Ordinances

Live Scan Locations

Information

Danger

Gun Show Information

Questions

Weapons

by Illinois

Prohibited &

#### ILLINOIS STATE POLICE FIREARMS SERVICES BUREAU

Home

#### Firearms Services Bureau

#### FOID Card

The Firearm Owner's Identification (FOID) Card identifies a person as eligible to posses/acquire firearms and firearm ammunition as part of a public safety initiative in the State of Illinois.

Enter Learn More

#### **Licensed Firearms Dealers**

#### 1 Authorized Dealers only!

If you are a federally licensed dealer for the state of Illinois, click the Login button below to access the Dealer's portal.

Enter

Concealed Carry License Objection Portal Access

#### We welcome feedback. Submit comments and suggestions to the <u>site administrator</u>.

#### Law enforcement personnel only!

If you have access to the law enforcement objection portal for the purpose of <u>Law Enforcement Login</u> concealed Law Enforcement Login button below.

#### Concealed Carry License (CCL)

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

#### Enter Learn More

#### Concealed Carry License Instructor Certification

You must be certified by the Illinois State Police to conduct Illinois concealed carry firearms training. To apply or check on your status, click Enter below:

Enter Learn More

Released October 9, 2014

# **New User Registration**

Released October 9, 2014



#### ILLINOIS STATE POLICE

FIREARMS SERVICES BUREAU

#### **Returning Applicants or Licensees Sign In** Home FOID Information CCL Information Notice: Our Sign In Requirements have changed! CCL Instructor The Illinois Digital ID is no longer valid on this site. Register Now for an Information Illinois State Police User ID. Firearms Dealer **Attention Current CCL Holders** Secure Sign In Clear & Present Danger **Because Illinois Digital ID is no** New User? User ID Firearm Transfers Register Now longer being used, CCL holders who Gun Show Password Information obtained a CCL prior to March 16, Frequently Asked Last name: 2015 will need to register as a new Ouestions Unlawful Use of user before they can use Secure Sign Date of Birth Weapons Firearm Projectiles In. Prohibited & By clicking the Sign I button b Sentences Imposed agree to our Terms Use. by Illinois Municipal Ordinances Sign In t Password For Live Scan Locations We welcome feedback. Note: After user registration has been completed, Submit comments and suggestions to the all future access will be obtained using Secure Sign site administrator. In.

# **User Registration- Step 1**

bout You				
Last name	Date of Birth			
Account and Lo	ogin Setup			
User ID				
Email Address		_		<u>Guidance</u>
New Password		<b>1</b>	L.	Create a User ID.
Confirm Password	ł	2	2.	Enter your email address.
Security Question	1:	3	3.	Create a password.
Answer - Security	1:	~ 4	1. -	Select and answer four security questions.
Security Question	2:	5	<b>)</b> .	Enter the security code to advance.
Answer - Security	2:	-		
Security Question	3:	-		
Answer - Security	3:	-		
Security Ouestion	4.			

#### Enter the Security Code Displayed



.

# **User Registration- Step 2**

### User Registration Step 2 of 3

#### About You

Proper Name					Guid
Last	First	Middle	Suffix Maiden Last Nam	e <b>1.</b>	Complete the remainder o
Doe	John	Т	•	2	Confirm your date of birth
Date of Birth				3.	Add your primary telepho
01/01/1960				4.	Select ID state, ID type, an
Primary Phone #				5.	Enter weight as displayed
555-555-5555					(Weight must match the D
Driver's License or State	Identification			6.	Indicate whether you have
ID State	ID Type	ID Number		7.	lf applicable, enter your ex
lowa		ense 👻 D1234567896	5	-	number. (Used to validate
Weight as displayed on your 165 (This is used for verification )	r Drivers License purposes only)			_	Note: This box will appe
Evicting Firearm Owner's	Identification Card (EO				
Required: If have or have had an Illin	ois State FOID card, enter your FOII	D number below.	ote: The instruc	tions in t	his PowerPoint are based
Yes 👻 No Do you hav	e or nave you ever had a h		n the assumptio	n you alr	eady have a valid FOID
Canad		Ca	ard. As such, you	u will sele	ect "Yes."
Cancel					

#### Guidance

- e remainder of your name.
- r date of birth.
- imary telephone number.
- te, ID type, and ID number.
- as displayed on State DL or ID card. st match the DL or ID card exactly.)
- ether you have ever had a FOID card
- enter your existing/previous FOID card ed to validate user if already in the system.)

### box will appear after you select ID State.

# User Registration- Step 3

FIREARMS SERVICES BUREAU	johndoel   <u>Sign Out</u> Creater 1/1001
User Registration Shep 3 of 3	
Your Registration Information	
Name:     Doe, Joseph       Driver's License:     D12345678965       Date of Birth:     1/1/1960       FOID #:     none       Edit	
Personal Declaration and Signature Under penalties of perjury, I do hereby solemnly affirm and attest that all information provided by myself in this registration are true and accurate.	
After reading the declaration above, please enter your Password below and click the I Agree button below. Password I Agree	Guidance 1. Complete the personal declaration and signature by entering you password.
Match Confirmation	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
Existing Record Identified as Yours	"Match Confirmation" box.
Joseph Doe 1234 Main St CENTRALIA, IL 62801	<ol> <li>You will see the name and address of a potential match.</li> <li>If this is your information, select "Yes, same person." If this <u>is not</u> your information, select "No, not the same."</li> </ol>
Is this your information?	a. If "Yes" is selected, you will proceed to the application pages
Yes, same person No, not the same	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.



ILLINOIS STATE POLICE

FIREARMS SERVICES BUREAU

joedoe1 | Sign Out Created 1/1/001

#### **Application Summary**

DOE JOSEPH		Phone:
:1234 Main St		Email:
CENTRALIA, IL 6	2801	Fingerprint TCN: Not specified
Marion County		
		Request
lequest Name or Add	Iress Change: \$5.00 proces	ising fee applies.
Your Firearm Ov	vner's Identification C	Card
Status	Expiration	Number
Active	1/1/2020	150000000
Renew	Order Replacement	
	C	
Your Concerted	Carry License	Number
Not on File	expiration	Bending
Hot on the	170	Pending
Apply	Order Replacement	
Sur Instructor C	Certification	
Suc Instructor C	Certification	CCT ID





FIREARMS SERVICES BUREAU

#### joedoe1 Sign Out | Exit Application

### 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

Progress: 18%

Previous

Next





LLING	)IS S	TATE	POLI	CE
FIREA	RMS S	SERVIC	CES E	BUREAL

janedoe1 Sign Out

## Now, we'll collect identification numbers

Progress:	36%

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

○ Yes ○ No Are you a US Citizen?

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

○ 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.

Save



# CCL Application (Non-US Citizens)

FIREARMS SERVICES BU	REAU	janedoe1 <u>Sign Out</u>
Now, we'll collect identifi	cation numbers	36%
Please enter the last 4-digits of your Soc Yes No Are you a US Citizen? Country of Citizenship:	cial Security Number:	
Enter your Alien Registration Number (A	ARN) or I-94 Number and Exception Document Type	below:
● Yes ◎ No Do you have a valid Dr	iver's License or Identification Card?	
ID State	ID Type ID Number	
Illinois	Driver's License - D12345678999	
Save	Previous	s Next

Progress: 45%



ILLINOIS STATE POLICE

FIREARMS SERVICES BUREAU

joedoe1 Sign Out | Exit 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	
					<b>—</b>	
Add Previous Name						
Place of Birth						
Country	St	ate				
United States of America (U	JSA) 👻			-		
Personal InformationGenderRaceMaleWhiteHeightWeight Hair Color5' 7''210Brown		•	Eye Color Brown <del>-</del>	-		
Contact Information						
Type Phone Number		Prim	ary Phone	Email (req	uired for	e-notifications)
Cell -			-			
Add Phone				Confirm E	mail: (red	quired for
				e-notificati	ons)	
Save					Pr	revious Next

### Email Communication

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.



Cancel

36





ILLINOIS STATE POLICE FIREARMS SERVICES BUREAU

joedoe1 Sign Out | Exit

Progress: 64%

#### Next, we'll ask Criminal History questions

🗆 Yes 🔍 No	Have you ever been convicted of a felony under the laws of this or any other jurisdiction?
© Yes ◎ No	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?
🛇 Yes 🔘 No	Have you ever been convicted of domestic battery (felony or misdemeanor), aggravated domestic battery or a substantially similar offense?
🔍 Yes 🔍 No	Have you ever been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony?
🔍 Yes 🔍 No	Are you currently the subject of an existing Order of Protection or No Contact/No Stalking Order?
🔍 Yes 🔍 No	Within the previous year, have you failed a drug test for a drug for which you did not have a prescription?
🔍 Yes 🔍 No	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?
🛇 Yes 🔍 No	Are you a medical marijuana patient registry card holder?
🔍 Yes 🔍 No	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?
🔍 Yes 🔍 No	Have your 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?
🔍 Yes 🔍 No	Are you intellectually or developmentally disabled?
© Yes ◎ No	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 a misdemeanor involving the use or threat of physical or violent to any person?
🔍 Yes 🔍 No	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?
© Yes ◎ No	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?
© Yes ◎ No	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?
Save	Previous Next

	IS STATE POLICE IMS SERVICES BUREAU		joedoe1 <u>Sign Out</u>   <u>Exit Application</u>
Now, let's col	lect training informa	tion Progress: 70%	6 
Enter your training	g information below:		
Instructor's Name	e (last, first) CCTID (Concealed Carry	/ Trainer ID #)	
	CCT		
Or specify one of to 430 ILCS 66/75	the following if you are claiming	a firearms training exemption in a	accordance
Active Law En	forcement Officer or Active Correction	ns Officer Note: If you claim a firea	irms training exemption you
ISP (Illinois St	ate Police) Certified Firearms Instructo	or <b>Note: If you claim a mea</b>	initis training exemption, you
Enter your CCTID	(Concealed Carry Training ID #) (Required):	are required to upload s	upporting documentation.
Enter your 9-digit	Control Card) Number issued by the I	Department of Financial and Profession	al regulation
Save Training FAQ		Previous	Next
Where can citizens obtai On August 30, 2013, the ISP the ISP webpage and will be PLEASE NOTE: On-duty ISP of	n firearms training? began approval of certified firearms instructors and updated as additional instructors are approved. officers will NOT provide training, nor will ISP range	d firearm training courses. A registry of approved inst es be used.	tructors and list of approved courses is available on
What does the firearms t	raining course consist of?		
A.Firearms Safety - a minimu	must, at a minimum, cover the following topics: m of 1 hour;		
B.Basic Principles of Marksma C.Care, Cleaning, Loading and D.All Applicable State and Fee E.Weapons Handling - a min	anship - a minimum of 1 hour; d Unloading of a Concealable Firearm - a minimu deral Laws Relating to the Ownership, Storage, Can imum of 1 range hour.	m of 1 hour; ry and Transportation of a Firearm - a minimum of 2	hours; and
All applicants must pass a live b.10 rounds from a distance	e fire exercise with a concealable firearm consisting of 5 yards, 10 rounds from a distance of 7 yards, a	g of: a.A minimum of 30 rounds and 10 rounds from a distance of 10 yards at a B-27 s	silhouette target approved by the ISP.
Is anyone exempt from the Yes, a person who has (i) qua Standards Board, or (iii) has c shall be exempt from the trai	ne training requirements in the Act? alified to carry a firearm as an active law enforceme ompleted the required training and has been issue ning requirements in the Act. The applicant must s	ent officer, (ii) certified as a firearms instructor by the ed a firearm control card (FCC or Tan Card) by the De submit verification that the training requirements for	Act or by the Illinois Law Enforcement Training epartment of Financial and Professional Regulation the FCC Card have been completed.
Who can get credit for u Active, retired, and honorably who have completed a training training requirement. A list of	p to 8 hours of prior training (from either ; discharged members of the United States Armed ng course that is approved by the Department and course approved for up to 8 hours credit is avail	previous courses or experience)? Forces shall be considered to have completed 8 hou d recognized under the laws of another state may ge able on the website.	urs of the 16 hour training requirement. Applicants et up to 8 hours of training toward the 16 hour

What information/documentation will veterans need to provide to receive credit for 8 hours of training? A copy of their DD-214.







### ILLINOIS STATE POLICE

FIREARMS SERVICES BUREAU

#### joedoe1 Sign Out | Exit Application

### **Please electronically sign and make payment**

is Co	nceale	d Carr	y Licen	se Applic	ation. By	/

**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:

Sign & Pay



Progress: 91%

# CCL Application (Payment Processing, Page 1 of 3)

ILLINOIS STATE POLICE



## CCL Application (Payment Processing, Page 2 of 3)

ILLINOIS STATE POLICE

FIREARMS SERVICES BUREAU

Billing Information	EDIT	Cont
Billing Contact	Billing Address	801 Sc
Joseph DOF	1234 Main St	
joedoe1@noreply.com	CENTRALIA	Spring
555-555-5555	IL 62801	
Payment Information		askisp
Please enter your Pay	ment Instructions here	
Credit Card Electr	anic Chack	
	onic check	
		(
	Please fill in the green fields below	
	Card Number* Card Holder Name* Expires: 2 - Feb v 2015 v	
	Note: Service fees will be applied. (Credit Card= 2.35%, Electronic Check= \$1.00)	
	Single payment       Payment Amount:     150.00       Total:     150.00	

## CCL Application (Payment Processing, Page 3 of 3)

#### ILLINOIS STATE POLICE

FIREARING SERVICES BUREAU





ILLINOIS STATE POLICE FIREARMS SERVICES BUREAU



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.

Print home

Note: Print this receipt for CCL payment and click "home" to access your application summary/home page.

				exted 2	
Applica	ation Summar	<b>y</b>			
DOE, JOSE	PH		Phone: 555-555-5555 Emait joedoe1@noreply.com	Note: Your CCL application is complete. Please cli "sign out" to log out of your account.	
CENTRALIA Marion Co	, IL 62801 unty		Fingerprint TCN: CS1111111111	1111	
Request Name or Address Change: \$5.00 processing fee applies. Request				Note: Using secure sign in, you may login to your	
Your Firearr	m Owner's Identification	Card		application dashboard at any time to check the st	
Status Active	Expiration 1/1/2020	Number 97640099		of your application.	
Renew	Order Replacement				
Your Conce	aled Carry License Expiration	Number			
Your Conce Under Revie 000092585 Benew	ew Corder Replacement	<b>Number</b> Pending			
Vour Conce Under Revie 000092585 Renew About the	e Application Proc	Number Pending			
Your Conce Under Revie 000092585 Renew About the Upon receipt depending of changes to the personnel the dedicated to the period for mailing addre	e Application Proce of a qualified application, and send roughout the state of Illino reviewing objections will m review has elapsed, ISP with ess.	Number Pending CESS Illinois State Police prints. During the red correspondence vi bis have a 30-day pet hake a final decision ill prepare, print and	(ISP) will issue or deny the applica eview process, ISP will send notific ia U.S. mail to the applicant's hom riod to object to submitted applic n to affirm or not the totality of ob d send the Concealed Carry Licens	ant within 90 or 120 days cations on key status re address. Law enforcement ations. In doing so, a board ojections submitted. Once se to the license holder's	
Your Conce Under Revie 000092585 Renew About the Upon receipt depending of changes to the personnel the dedicated to the period for mailing addree	e Application Process of a qualified application, if n the submission of fingerphe supplied email, and send roughout the state of Illino reviewing objections will m r review has elapsed, ISP witess.	Number Pending CESS Illinois State Police prints. During the re d correspondence vi bake a 30-day pen bake a final decision ill prepare, print and	(ISP) will issue or deny the applica eview process, ISP will send notific ia U.S. mail to the applicant's hom riod to object to submitted applic to affirm or not the totality of ob d send the Concealed Carry Licens	ant within 90 or 120 days cations on key status ne address. Law enforcement ations. In doing so, a board ojections submitted. Once se to the license holder's	