



ILLINOIS STATE POLICE FIREARM DISPOSITION RECORD

FOID #: _____

NAME: _____
Last Name, First Name, Middle

DATE OF BIRTH: ____/____/____

ADDRESS: _____

PHONE: (____) _____ - _____

EMAIL: _____

Please list all firearms within your possession at the time of revocation, indicating they have been secured/transferred in accordance with 430 ILCS 65/9.5. If your FOID card was confiscated by the Court or Law Enforcement, provide documentation.

	MAKE	MODEL	SERIAL #	NAME AND ADDRESS OF PERSON FIREARM TRANSFERRED TO:	PROVIDE FOID# OR FFL#
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

ATTACH ADDITIONAL DISPOSITION FORMS IF MORE SPACE IS NEEDED.

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My firearms are being retained by a law enforcement entity.

Name of Agency: _____

The Firearm Owners Identification Card Act (430 ILCS 65/9.5[a][2]) requires an individual whose FOID card is revoked to surrender his or her FOID card and complete this Record for all firearms in their possession or control **within 48 hours of receiving notice of the revocation** to their local law enforcement agency. I certify that I have transferred all firearms I own or are under my custody and control to the custody of another person with a valid FOID card in compliance with the Act. I declare under penalty and perjury under the laws of the state of Illinois the foregoing is true and correct.

Signature of Revoked Cardholder

Date

Name of Police Agency in Receipt of FOID card and Disposition Record

Signature of Receiving Officer *Date*

Printed Name of Receiving Officer

Badge #

NOTICE TO POLICE AGENCY: A copy of this form should be mailed to the Illinois State Police, Firearms Services Bureau, ATTN: ENFORCEMENT, 801 S. 7th Street, Ste. 400-M, Springfield, IL 62703, along with the surrendered FOID card(s).