

**RENEWAL NOTICE FOR: FIREARM CONTROL CARD**

Employee Name.....:  
Registration # 229---  
Employer/Agency.....:  
Agency License No.....:

**Fee Before Expiration Date: \$45.00**

**Part A: Firearm Owners ID and Weapons Requalification**

FOID Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_ If my FOID has expired, I hereby certify that I have sent in my YES NO FOID renewal to the ISP for the current renewal cycle.

Check Requalification(s): Revolver Semi-Automatic Shotgun Rifle

Requalification Completion Date: \_\_\_\_\_

Only mark the weapon(s) the employee is currently qualified to carry.

If the EMPLOYEE has qualified in a new weapon, you MUST attach the Certificate of Completion - 40 hours Firearm Training.

**Part B: Personal Data**

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Race \_\_\_\_\_

**Part C: Signature Section**

This employee has requalified on the weapon(s) indicated according to the standards defined in the Act and Rules.

This employee continues to be employed by the employer named and the employer hereby requests that the Card for this employee be renewed. Employer files confirm all statements.

I understand that if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

Licensee in Charge Signature: \_\_\_\_\_

Licensee In Charge License Number: \_\_\_\_\_

Agency Phone Number ( ) \_\_\_\_\_

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 above, but in no event shall such reduction be made in an amount greater than \$50.

**Part D: Employee Termination for Registration Number: 229. \_\_\_\_\_**

If the employee has been terminated, check here: \_\_\_\_ and indicate the date of termination: \_\_\_\_\_

Attach the terminated employee's Card, or state reason Card is not being returned. Send NO FEE if the employee has been terminated.

Signature: \_\_\_\_\_  
(Licensee in Charge of Agency)

License Number: \_\_\_\_\_  
(Licensee in Charge of Agency)

Agency Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**LICENSE RENEWAL INSTRUCTIONS**

1. Complete information/questions in Part A.
2. Complete PART B indicating Employee's Personal Data.
3. The Licensee in Charge of the Agency must sign in the space provided and indicate their License Number in PART C.
4. If the Employee has been terminated, complete PART D indicating the date of termination and return the Employee's Card with this form. Send NO FEE if the employee has been terminated. The Licensee in Charge of the Agency must sign in the space provided and indicate their License Number in PART D.
5. Make any EMPLOYEE name change on the reverse side of this form. Name changes must be accompanied by copies of one of the following: marriage certificate, divorce decree, naturalization papers, court order, etc.

Mail this renewal form along with the correct fee to:

Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation  
P.O. Box 7450  
Springfield, IL 62791-7450

Only checks and money orders, payable to the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, will be accepted. FEES ARE NOT REFUNDABLE.

Applications not signed and/or incomplete will be returned.

Failure to follow instructions will result in the renewal being delayed. Practice after the expiration of the Card shall constitute unlicensed practice which could result in civil/criminal penalties and discipline of the Card.

RETURN THIS FORM WITH ANY APPLICABLE ATTACHMENTS AND APPLICABLE FEE TO:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION  
POST OFFICE BOX 7450  
SPRINGFIELD IL 62791-7450

If you have any questions regarding this renewal, please contact the Division Call Center at 1-800-560-6420.

EMPLOYEE NAME CHANGE:

If the Employee has a name change, you must enclose proof of the change. Proof can be a copy of any one of the following: marriage certificate, divorce decree, court order, naturalization papers, etc. Agency name or address changes CANNOT be made on this form.

Enter any EMPLOYEE Name change that differs from that shown on this Renewal.

Name: \_\_\_\_\_

\*\*\*\*\* NOTICE \*\*\*\*\*

**We cannot process your renewal by mail without the following information:**

**The renewal must be signed by the Licensee in Charge of the Agency.**

**A signed check or money order must be enclosed, unless an Employee Termination.**

**If the Employee has terminated, you must indicate the date of termination and attach the terminated Employee's Card. Send NO FEE if the Employee has been terminated. Licensee in Charge must provide License Number and signature in Part D.**

**If the Employee has a name change, you must enclose proof of the change. Proof can be a copy of any one of the following: marriage certificate, divorce decree, court order, naturalization papers, etc. Agency name or address changes CANNOT be made on this form.**

**IF ANY OF THE ABOVE ERRORS OCCUR, THIS RENEWAL WILL BE RETURNED TO YOU FOR PROPER COMPLETION. THIS WILL RESULT IN A SUBSTANTIAL DELAY IN RENEWING.**