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IL CONCEALED CARRY APPLICATION PROCESS & FEES:

\$20* ***JMD Defense & Investigations, LLC Processing fee***

No processing fee if Concealed Carry was taken at JMD Defense & Investigations, LLC

\$150 + \$3.53 ISP fee (IL residents)

\$60 Live Scan Fingerprinting
(optional but recommended for faster ISP processing)

REQUIREMENTS PRIOR TO APPLYING FOR A CONCEALED CARRY LICENSE:

ILLINOIS RESIDENTS

- 16 hours of Concealed Carry firearms training provided by an ISP approved Instructor.
- Electronic Copy of my training certificate(s). You will be required to upload your electronic certificate during the application process.
- An Illinois State Police User ID and Password
- A Valid Driver's License or State Identification card.
- A valid FOID card unless in the process of getting a valid FOID card.
- A head and shoulder electronic photograph taken within the last 30 days.
- Be able to provide the last ten years of residency.
- Fingerprints – Electronic fingerprints will expedite your application!

NOTE: Applicants will be assigned a transaction control number (TCN) at the time of fingerprinting and will be required to retain that TCN to complete the application.



ILLINOIS CONCEALED CARRY APPLICATION

\$20 Processing Assistance Fee -NEW CUSTOMERS

Complimentary processing assistance for our Concealed Carry Customers

ISP Concealed Carry Fee (\$150 + \$3.53 credit card)

LIVE SCAN FINGERPRINTING \$60 (expedites the concealed carry application)

This form will be returned to you for your records. We DO NOT keep or store your information

Last Name _____ First Name _____ Middle _____

PREVIOUS LEGAL NAMES (INCLUDING MAIDEN NAME) _____ DOB (mm/dd/yyyy) _____

Which state or foreign country were you born? _____ FOID# _____ Phone# _____

IL ID or State ID # _____ Weight from ID _____ Eye Color from ID _____

TCN# LS11411L8211_ _ _ _ *This is your Live Scan fingerprint transaction#

ACCOUNT AND LOGIN SETUP

Pick a user ID and password that you will remember. Passwords must be 8 – 10 characters.....one **UPPER** case, one lower case letter, one special character and one number.

User ID _____ Email address: _____ New password: _____

SECURITY QUESTIONS: (necessary for you to recover your account) You will need to answer all 4!

- 1. What city was your first job in? _____
- 2. What is your mother's maiden name? _____
- 3. What is your favorite sports team? _____
- 4. What was the make of your first car? _____

Are you a U.S. Citizen Yes ___ No ___ If no, what is your country of citizenship? _____

Are you active military? Yes ___ No ___ Are you Law Enforcement or retired LEO? Yes ___ No ___

PREVIOUS TEN YEARS OF RESIDENCY

CURRENT	STREET	CITY/STATE/ZIP	COUNTY	FROM MO/YR	TO MO/YR
PREVIOUS					
PREVIOUS					
PREVIOUS					
PREVIOUS					

Check your application one month after submission @ <https://www.ispfsb.com/Public/Login.aspx>

- 0 Yes O No Have you ever been convicted of a felony under the laws of this or any other state?
- 0 Yes O 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?
- 0 Yes O No Have you ever been convicted of domestic battery (felony or misdemeanor), aggravated domestic battery or a substantially similar offense?
- 0 Yes O 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?
- 0 Yes O No Are you currently the subject of an existing Order of Protection or No Contact/No Stalking Order.?
- 0 Yes O No Within the previous year, have you failed a drug test for a drug for which you did not have a prescription?
- 0 Yes O 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?
- 0 Yes O 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?
- 0 Yes O No Have you 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?
- 0 Yes O No Are you intellectually or developmentally disabled?
- 0 Yes O 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?
- 0 Yes O 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?
- 0 Yes O 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?
- 0 Yes O 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?