



Javondlynn M. Dunagan
1447 West 103rd St.
Chicago, IL 60643
773 614-8747
WWW.JMDDEFENSE.COM

NON-RESIDENTS

\$300 non-residents

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

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

\$60 Live Scan Fingerprinting

(optional but recommended for faster ISP processing)

In accordance with 430 ILCS 66/40 (b), out of state residents may be eligible for an Illinois Concealed Carry License if your state meets the definition of substantially similar as established by rule. See 20 II. Admin. Code 1231.10. Currently, the states identified below have been determined to have laws related to firearm ownership, possession, and carrying that are substantially similar to the requirements to obtain a license under Illinois' law; and, therefore, may apply for an Concealed Carry License. This list will be updated as additional states are identified as substantially similar. Further Information concerning the regulations for non-resident applications can be found at 20 II. Admin. Code 1231.110.

NON-RESIDENTS

- I am at least 21 years old.
- I have not been convicted of any Felony.
- I have not been adjudicated as a mental defective by a court of law.
- I have not been involuntarily committed to a facility for the purpose of mental health treatment.
- I have not been admitted as a voluntary patient in a facility for the purpose of mental health treatment within the past 5 years.
- I have not been addicted to narcotics.
- I am not intellectually disabled or developmentally disabled.
- I am not subject to any active Order of Protection.
- I have not within the past 5 years been convicted of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed.



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- I have not been convicted of a misdemeanor crime of domestic battery or substantially similar offense.
- I have not been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony.
- I have not been convicted or found guilty of a misdemeanor involving the threat of physical force or violence to any person within the past 5 years.
- I do not have 2 or more violations related to driving while under the influence of alcohol, other drugs, intoxicating compounds within the past 5 years.
- I am not subject to a pending arrest warrant, prosecution or proceeding for an offense or action that could lead to disqualification to own or possess a firearm.
- I have not been in a residential or court-ordered treatment for alcoholism, alcohol detoxification, or drug treatment within the past 5 years.
- You may be eligible if you satisfy the above and no objections are filed by law enforcement. ([Section 15](#))

STATE OF ILLINOIS)

ILLINOIS STATE POLICE)

FCCL Application No.:

FIREARMS SERVICES BUREAU)

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. I have a license or permit to carry a firearm or concealed firearm issued by my state or territory of residence and have attached a copy of said license hereto;
3. I have completed the Firearm Concealed Carry Act Applicant Firearm Training required by 430 ILCS 66/75 and understand Illinois laws pertaining to the possession and transportation of firearms; and
4. I acknowledge and understand that by applying for an Illinois Firearm Concealed Carry License, I am subject to the laws and jurisdiction of the State of Illinois for any violation of the Firearm Concealed Carry Act.
5. 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

Subscribed and sworn to before me

this _____ day of _____, _____.

Notary Public



NON RESIDENT CONCEALED CARRY APPLICATION

\$20 Processing Assistance Fee -NEW CUSTOMERS
Complimentary processing assistance for our Concealed Carry Customers

ISP Concealed Carry Fee (\$300 + \$3.53 credit card)

Last Name First Name Middle
DOB (mm/dd/yyyy) FOID# Phone#
ID or State ID # Weight from ID Eye Color from ID

Which state or foreign country were you born?

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? 3. What is your favorite sports team?
- 2. What is your mother’s maiden name? 4. What was the make of your first car?

PREVIOUS LEGAL NAMES (INCLUDING MAIDEN NAME)

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					

TCN# LS11411L8211_ _ _ _
This is your fingerprint livescan transaction number.

- 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 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 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?
- 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?