



FOID APPLICATION

\$10 Processing Assistance Fee -NEW CUSTOMERS
Complimentary processing assistance for our customers

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

_____ New Card _____ Updating Address

Last Name _____ First Name _____ Middle _____

PREVIOUS LEGAL NAMES (INCLUDING MAIDEN NAME) _____

Do you have a FOID # _____

DOB (mm/dd/yyyy) _____ Phone# _____

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

*******You must put the exact weight and eye color from your driver's license or state ID**

Which state or foreign country were you born? _____ Last 4 of SS# _____

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: _____

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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

Check your FOID card status 2 weeks 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?