

Firearm Employment Requirement Certification
Law Enforcement and Armed Security
Pursuant to: 430 ILCS 65/10 and 20 Ill. Admin. Code 3500.200

Instructions: This certification (or letter) must be completed by an authorized representative of the employer and be returned directly to: FICRB.ReliefRequest@illinois.gov
 If you are unable to submit forms electronically, please contact the FOID Card Review Board at (217) 524-1762.

The certification (or letter) must include:

1. The applicant's job title, current employment status and confirmation that the FOID is a requirement for employment;
2. Records of any discipline or investigation regarding the revocation of his/her FOID Card (which can be included as an attachment); and
3. The employer's opinion regarding the applicant's suitability to possess a firearm.

A letter from the employer on official letterhead containing all of the required information will be accepted; however, failure to provide all required information will result in denial of your request.

<u>Employee Information</u>		
Name: _____ <i>Last name, First name, Middle Initial</i>	Date of Birth: _____ <i>Month/Day/Year</i>	
Address: _____ <i>Street or Mailing address; City, State, and Zip Code</i>	FCC #: _____	
Job Title: _____	Current Job Status: _____	
<u>Employer's Statement:</u> 		
Printed Name:	Signature:	Date:
Title/Agency:	Telephone #:	Fax #:
Email:	Professional License # (if applicable):	
Printed Address: <i>Street or Mailing Address</i> <i>City, State, Zip Code</i>	For additional information regarding the FOID Card Review Board and the Request for Relief process, please visit our website at https://isp.illinois.gov/FOIDCardReviewBoard .	