



ILLINOIS STATE POLICE, - FIREARMS SERVICES BUREAU, FDLC AFFIDAVIT

(PRINT full legal name of signatory)

FFL Number: _____ (First 3, Last 5)

The undersigned _____, being duly sworn upon oath, states under penalties of perjury, to have personal knowledge of the facts set forth herein, to understand the contents stated herein to be true and correct, to be competent to testify, and if called to testify would state as follows:

- 1. _____ (Name on FFL) is a person or entity that is seeking an initial or renewal certificate of license from the Department of State Police in accordance with the Firearm Dealer License Certification Act. (FDLC) - [430 ILCS 68]
2. FFL Number _____ was issued to _____ on _____ (Date) and is being provided as required by Section 5-10 of the Firearm Dealer License Certification Act. - [430 ILCS 68]
3. The license connected with the FFL Number referenced herein is valid and was issued to the person or entity whose name appears on the license.
4. I am the person or the owner, operator, or authorized agent of the entity listed on the Federal Firearms License.
5. Every owner, employee, or agent who sells or transfers firearms for the federal firearms licensee listed above, including those who do not reside in Illinois, is at least 21 years old, and has completed the training required under section 5-30 of the Firearm Dealer Certification Act. - [430 ILCS 68]
6. Pursuant to 20 Ill. Adm. Code 1232.90, all newly hired employees or agents have completed the required training prior to participating in the sale, lease or transfer of any firearms or ammunition.
7. In the table below are names and valid Firearm Owner's Identification Card numbers of the owners, employees or agents who are Illinois residents, who sell / transfer firearms for the licensee, and the date these individuals began selling or transferring firearms. Driver's license numbers for non-residents of Illinois are supplied in lieu of a FOID numbers. [Additional copies of this affidavit are to be included if more space is needed.]
8. All owners, employees, or agents of the licensee, who are non-residents of Illinois, have undergone a background check, and are not prohibited from owning or possessing firearms.
9. The annual training requirement set forth in 20 Ill. Adm. Code 1232.90 has been completed by all of the employees listed in the table below.

Owner, Employee, Other Agent, or Non Resident Information

Table with 6 columns: NAME, DOB (mm/dd/yyyy), STATE OF RESIDENCE, FOID # (if IL Resident) / DL # (if non IL Resident), LAST TRAINING DATE (mm/dd/yyyy), DATE BEGAN SELL / TRANSFER FIREARMS (mm/dd/yyyy)

I affirm that the facts contained in this Affidavit are true and correct. I understand that pursuant to section 5-15 (d) of the Firearm Dealer Certification Act, - [430 ILCS 68] - providing false information on this Affidavit is punishable as a Class A misdemeanor for a first violation, a Class 4 felony for any subsequent violation, and a civil penalty in an amount not to exceed \$10,000 US Dollars, for each offense, as determined by the Illinois State Police.

FURTHER AFFIANT SAYETH NAUGHT

SUBSCRIBED and SWORN to before me this ___ day of _____, 20__.

Print full legal name and Title

Print Business Name (if applicable)

Notary Public Signature

Signature