

FIREARM DEALER LICENSE CERTIFICATION

Safe Storage Plan

(430 ILCS 68/5-55)

Please use additional pages if needed. You must address each of the 10 areas below. Failure to do so will automatically cause your Safe Storage Plan to be marked inadequate. Be sure to include specific details to ensure adequate documentation. If questions 9 and 10 are not applicable, please state why (i.e. no employees, owner operator).

Business Name:

Address Line:

City, State Zip Code:

FFL#:

1) Storage of firearms and ammunition during retail hours, after closing, and any off-site storage areas:

2) Access to firearms and ammunition during retail hours (business practices):

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3) Procedures for removing/replacing firearms to show to customers:

4) Loss or theft reporting:

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5) Description of anti-theft measures and practices:

6) Disaster plan:

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7) Structural Security:

8) Inventory Security:

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9) Employee Screening, if applicable:

10) Employee training and education about licensee's policy and procedures and loss prevention measures, if applicable: