



Welcome to the Law Enforcement Portal

The following training will educate you on properly submitting a **REQUEST FOR CLEAR and PRESENT DANGER** (C&PD) on a potentially dangerous subject who has communicated a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or demonstrated threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.

NOTE: THE FOLLOWING TRAINING IS ONLY A REVIEW OF THE STEPS IN THE CLEAR AND PRESENT DANGER REPORTING PROCESS. TO INQUIRE ABOUT TRAINING ON THE LEGALITIES OF CLEAR AND PRESENT DANGERS PLEASE CONTACT THE ISP OFFICE OF FIREARMS SAFETY.

Please submit only one request for an individual per incident.

1. The Login information has been provided to you or your agency administrator. The LOG-IN screen will prompt you for your credentials:

LOGIN

User Id

Password

[Sign In](#)



2. Once logged in, you will have the option to view your inbox, or submit a new request:

TESTLEO
HARDIN POLICE DEPARTMENT
IL0070100

- Logoff
- My Profile
- CCL Apps < 30 days
- CCL Application Search
- Card Retrieval Inbox
- Reports
- User Management
- Application Filters
- CLEAR AND PRESENT DANGER
 - Submit
 - My Inbox
- FOID Enforcement Grant
- Frequently Asked Questions
- Firearms Intelligence Resources

CLEAR AND PRESENT DANGER INBOX

SEARCH

Clear and Present Id Created On or After Create

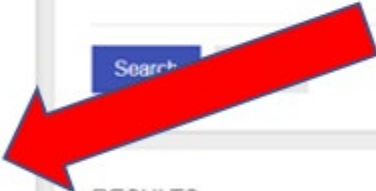
Reporter Information Involved Person Inform

Agency Last Name

RESULTS

Show entries

ID	Status	Reporter
Showing 0 to 0 of 0 entries (filtered from NaN total entries)		



3. You will notice a navigation bar across the top, this displays your progress through the submission.

CLEAR AND PRESENT DANGER REQUEST

- Reporter
- Individual
- Narrative and Attachments
- Affirmation
- Review
- Confirmation



- The first portion of the REPORTER page identifies the officer submitting the request or another department official with knowledge of the incident. This is the officer who has determined a request for Clear and Present Danger should be submitted. The officer most likely responded to a call for service or interacted with the subject of the C&PD during a self-initiated activity.

REPORTER

Incident Date	Case Number	County of Arrest/Incident	
<input type="text" value="mm/dd/yyyy"/> <small>This field is required.</small>	<input type="text"/> <small>Required</small>	<input type="text"/> <small>Required</small>	
First Name	Last Name	Title	Shift
<input type="text" value="Test"/>	<input type="text" value="LEO"/>	<input type="text" value="TR"/>	<input type="text"/>

NOTE: the boxes in red are required, you will not be permitted to proceed without completing these boxes.

- The next portion is the REPORTING AGENCY. If your agency has multiple offices or precincts, please use the address of the precinct or headquarters of your primary assignment. This information may be auto populated if your profile page is complete.

Reporting Agency			
Agency Type	Agency		
<input type="text"/> <small>Required</small>	<input type="text" value="HARDIN POLICE DEPARTMENT"/>		
Street	City	State	
<input type="text"/> <small>Required</small>	<input type="text"/> <small>Required</small>	<input type="text"/> <small>Required</small>	



6. The REPORTING OFFICIAL CONTACT INFORMATION box documents the reporting officer's contact information.

Reporting Official Contact Information

Phone	Fax (optional)
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	



7. The next box required for the complete submission is the SUPERVISOR CONTACT INFORMATION.

Supervisor Contact Information

First Name	Last Name
<input type="text"/>	<input type="text"/>
Phone	Fax (optional)
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
<input checked="" type="checkbox"/> I acknowledge proper notification has been made to my supervisor that the subject identified in this submission has been determined to be a Clear and Present Danger.	

NOTE: The reporting official must confer with a supervisor prior to submitting the request. This box is mandatory.



- The final box for Agency contact information is the RECORDS DEPARTMENT CONTACT INFORMATION. If your agency does not have a records contact please use the name of an administrative assistant or office professional that can be contacted with follow-up questions or requests for administrative documents.

Records Department Contact Information

First Name	Last Name
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

- The LAW ENFORCEMENT box is for use by police officers when an arrest was made. Please indicate the charges against the subject of the C&PD using plain language. Citing statute is not required. This area will not be required for School Administrators or Medical Professionals.

Law Enforcement

Charges



10. The MEDICAL INFORMATION box is for use by officers when medical treatment was offered to the subject of the C&PD. If medical attention was not requested by officers or the subject on scene choose “Not Requested” and you will be permitted to proceed to the next page of the submission.

Medical Information		
Medical attention was	Transported By	
<input type="text" value="Not Requested"/>	<input type="text"/>	
Facility Name	Facility Telephone	Treating Physician
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. After completing this page click the blue “Next” button at the bottom right of the page. If you need to return to any page you can do so by clicking the “Back” button on the following pages. If you must navigate back to previous pages and forward again, information will be saved until submitted.

[Back](#)

[Next](#)

12. The INDIVIDUAL page will capture the pertinent information on the subject of the C&PD request. Please note, these boxes are required.

INDIVIDUAL

First Name	Last Name	Date of Birth	Sex		
<input type="text" value="Tommy"/>	<input type="text" value="Gunn"/>	<input type="text" value="01/11/1982"/>	<input type="text" value="Male"/>		
Street	City	State	Phone		
<input type="text" value="12 County Rd. 500 S."/>	<input type="text" value="Hardin"/>	<input type="text" value="Illinois"/>	<input type="text" value="6185423692"/>		
Race	Height (Feet)	Height (Inches)	Weight	Hair	Eye
<input type="text" value="White"/>	<input type="text" value="5'"/>	<input type="text" value="8"/>	<input type="text" value="195"/>	<input type="text" value="Brown"/>	<input type="text" value="Gray"/>
Has a FOID?	FOID Number				
<input type="text" value="Yes"/>	<input type="text" value="0000000001"/>				
Driver's License/ID State	Driver's License/ID Number				
<input type="text" value="Illinois"/>	<input type="text" value="G500-6198-2031"/>				

*Note: A “guardian” box will appear if the subject is under 21 years of age.



13. The NARRATIVE AND ATTACHMENTS page is next. Please provide a detailed narrative of the facts supporting the determination of a “Clear and Present Danger,” including specific behaviors or statements made by the subject, dates and times of the behaviors or statements in question, any witnesses to the specific behaviors or statements, and whether any of the behaviors or statements by the subject were captured on an audio and/or video recording. Please submit any reports, attachments, or supporting documentation referenced in the detailed narrative. These documents do not need to be approved by a supervisor, only signed by the reporting officer. **Please note that a request to "see the submitted report(s)" will not be sufficient for the required narrative and that failure to provide any of the requested information may result in a delayed response or denial of the request.**

14. The narrative box will expand as needed to ensure all details can be documented.

NARRATIVE AND ATTACHMENTS

Please provide a detailed narrative of the facts supporting the determination of a “Clear and Present Danger,” including specific behaviors or statements made by the subject, dates and times of the behaviors or statements in question, any witnesses to the specific behaviors or statements, and whether any of the behaviors or statements by the subject were captured on an audio and/or video recording. Please submit by uploading into this portal any reports, attachments, or supporting documentation referenced in the detailed narrative. Please note that a request to “see the submitted report(s)” will not be sufficient for the required narrative, and that failure to provide any of the requested information may result in a delayed response or denial of the request.

Narrative

Tommy Gunn was arrested following a report of shots fired at the occupied residence of John Wick. Tommy was located after a witness observed his vehicle fleeing the scene. Once stopped for investigative purposes, Tommy was found to be under the influence of alcohol. He failed SFSTs and refused to submit to additional testing. Spent shell casings and live rounds were found in Gunn's vehicle.

15. Including attachments is encouraged. Please upload all documents relative to the case. Witness statements, incident reports, screenshots of messages, and pictures are all accepted.

Attachments

16. The next portion confirms the information being submitted to the ISP via the LE Portal is accurate and affirmed by the submitting officer. The final check box is a reminder to attach any additional documents necessary to the request.

The reporting official (John Public) certifies that Tommy Gunn poses a clear and present danger in that they demonstrated threatening physical or verbal behavior, such as violent, suicidal or assaultive threats, actions, or other behaviors. (430 ILCS 65/1.1)

This field is required. I agree to the above statement.

I have attached all reports, attachments, or supporting documentation to support this Clear and Present Danger Determination.

This field is required. I agree to the above statement.



17. The AFFIRMATION Page captures the behaviors which have been exhibited by the subject of the C&PD request. Please remember to answer these questions truthfully and to the best of your ability. These statements are affirmed by the submitting officer before the completion of the request.

18. Step one on the AFFIRMATION page identifies if the subject demonstrated a threatening physical behavior or displayed threatening verbal behaviors. One of these boxes must be checked.

Pursuant to 430 ILCS 65/1.1, "Clear and present danger" means a person who:

1. communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or
2. demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.

The person who is the subject of this Clear and Present Danger Determination Report (hereafter subject):

Demonstrated threatening physical behavior(s)

Yes No N/A

Required

Demonstrated threatening verbal behavior(s)

Yes No N/A

Required

19. The next portion of the AFFIRMATION page is required for the submission. Please click the appropriate boxes under "ALL THAT APPLY" to further describe details of the incident. If "YES" is selected an "ADDITIONAL DETAILS" box will pop up. Please briefly describe the details of the behavior. A selection is required in each question to proceed.

Please check all that apply:

The subject has a known history of mental health issues.

Yes No N/A

Additional Details



20. Please ensure the firearm box is checked if a firearm was used. This box will not be checked if the threat of a firearm was made but a firearms was not present.

A firearm was present at the time of the threatening physical or verbal behavior.

Yes No N/A

Additional Details

Loaded?

Yes No N/A

Round chambered?

Yes No N/A

If so, a firearm was brandished or displayed.

Yes No N/A

If so, the subject threatened another person or himself/herself with the firearm.

Yes No N/A

If so, the subject used the firearm to injure another or himself/herself?

Yes No N/A

If so, the firearm was discharged.

Yes No N/A



21. Other weapons are documented in the next area of the Affirmation page. Please be sure to identify the dangerous weapon in the narrative area of the portal.

A dangerous weapon other than a firearm was present.

Yes No N/A

Additional Details

If so, the dangerous weapon was brandished or displayed.

Yes No N/A

If so, the subject threatened another person or himself/herself with the dangerous weapon.

Yes No N/A

If so, the subject used the dangerous weapon to injure another person or himself/herself.

Yes No N/A

22. The next step is to document alcohol/drug use. Please use the narrative space to further describe the evidence of alcohol/drug use. Also, indicate if the individual is a convicted felon. The box is mandatory, yet an unknown tab is available.

There was evidence of alcohol use.

Yes No N/A

Required

There was evidence of illicit narcotic use, addiction or possession.

Yes No N/A

Required

The subject is a convicted felon

This field is required.



23. This concludes this portion of the affirmation step. If necessary, users can navigate back in the process to review the submission or make edits.

[Back](#)

[Next](#)

24. Once the required boxes are checked the user can proceed to the confirmation page. Users can print a copy of the submission for their records. The submission will also be available in the user's inbox. Users can view the PDF of the submission and check the status of the case. Once a determination is made users will receive a notification in their portal inbox, as well as the email used during the submission.

RESULTS

Show entries

ID	Status	Reporter	Individual	Actions
ID: 2301-447 Created: 1/20/2023 9:59:18 AM Modified: 1/20/2023 11:03:43 AM	Status: Submitted OFS Status: Pending Review OFS Disposition: Not Set	John Public John.Q.Public@Hardin.Police.Illinois.gov HARDIN POLICE DEPARTMENT	Tommy Gunn 1/11/1982 000000001	View PDF View

Showing 1 to 1 of 1 entries

[Previous](#) [1](#) [Next](#)

25. A pdf confirmation page looks like the pages below:

Status: Disposition Set
Disposition: Affirmed



ID Number
2301-447
1/20/2023 9:59 AM

ILLINOIS STATE POLICE
CLEAR AND PRESENT DANGER REPORT

REPORTING OFFICIAL/AGENCY

Case Number	Date Of Incident
1	1/20/2023

Name	Reported By Law Enforcement
John Public TR, Not Set Shift	HARDIN POLICE DEPARTMENT 1445 South First St Hardin, IL

Phone #	Fax #	Email
2175554666	2175585368	John.Q.Public@Hardin.Police.illinois.gov

Supervisor Name	Supervisor Email	Supervisor Fax	Supervisor Telephone
Roger Todd	Roger.Todd@hardin.police.illinois.gov	2175585368	2175551212

£

I acknowledge proper notification has been made to my supervisor that the subject identified in this submission has been determined to be a Clear and Present Danger.

Records Name	Records Email	Records Phone
Paper Pirate	paper.pusher@hardin.police.illinois.gov	6185559999

County Of Arrest	Charges
Sangamon	Agg. DUI; Unlawful use of Weapon, Agg. Discharge of Weapon

Medical Attention Type	Transported By
Not Requested	

Treating Medical Facility	Medical Facility Phone #	Treating Physician

INDIVIDUAL POSING A CLEAR AND PRESENT DANGER

Name	Date of Birth	Address
Tommy Gunn	1/11/1982	12 County Rd. 500 S. Hardin, IL

Phone	DL/ID State	DL/ID Number	Has FOID?	FOID #
6185423692	IL	G500-6198-2031	Yes	000000001

Eye	Hair	Height	Race	Sex	Weight
Gray	Brown	5'8"	White	Male	195lbs

NARRATIVE

Tommy Gunn was arrested following a report of shots fired at the occupied residence of John Wick. Tommy was arrested after a witness observed his vehicle fleeing the scene. Once stopped for investigative purposes, Tommy was found to be under the influence of alcohol. He failed SFSTs and refused to submit to additional testing. Spent 9mm shell casings and live 9mm rounds were found in Gunn's vehicle.

AFFIRMATION

The person who is the subject of this Clear and Present Danger Determination Report (hereafter subject):

1 Demonstrated threatening physical behavior(s): **Tommy Gunn fired shots at the occupied residence of John Wick while driving under the influence of alcohol.**

1 Demonstrated threatening verbal behavior(s):

The subject has a known history of mental health issues:

1 The subject made suicidal comments:

1 The subject attempted suicide :

1 The subject has a known history of suicide attempts or suicidal ideation:

1 The subject has made threats of violence to others:

1 The subject was taken to a hospital for a mental health evaluation and treatment as a result of the behavior(s) related to this Clear and Present Danger Determination?:

1 A firearm was present at the time of the threatening physical or verbal behavior: **Glock 17 9mm**

1 Loaded?:

1 Round chambered?:

1 If so, a firearm was brandished or displayed:

1 If so, the subject threatened another person or himself/herself with the firearm:

1 If so, the subject used the firearm to injure another or himself/herself?:

1 If so, the firearm was discharged: **Rounds fired at the residence of John Wick**

1 Firearms Restraining Order has been sought or there is a plan to seek one:

1 A dangerous weapon other than a firearm was present:

1 If so, the dangerous weapon was brandished or displayed.

1 If so, the subject threatened another person or himself/herself with the dangerous weapon.

1 If so, the subject used the dangerous weapon to injure another person or himself/herself.

1 There was evidence of alcohol use: **Also arrested for DUI**

1 There was evidence of illicit narcotic use, addiction or possession:

Unknown

The subject is a convicted felon:

The reporting official (John Public) certifies that Tommy Gunn poses a clear and present danger in that they demonstrated threatening physical or verbal behavior, such as violent, suicidal or assaultive threats, actions, or other behaviors. (430 ILCS 65/1.1)



26. The request for C&PD will be reviewed at multiple levels and AFFIRMED or NOT AFFIRMED by an ISP employee. Once a determination has been made by the ISP you will receive a notification in your portal inbox. The notification will have a green affirmed icon if it was approved. It will have a red not affirmed icon if it is not approved.

RESULTS

Show 25 entries

ID	Status	Reporter	Individual	Actions
ID: 2301-533 Created: 1/24/2023 10:18:47 AM Modified: 1/24/2023 10:56:11 AM	Status: Disposition Set OFS Status: Review Completed OFS Disposition: Affirmed	William Krincke WKroncke@DPD.Gov HARDIN POLICE DEPARTMENT	Johnny Walker 3/27/1980 5551111	View PDF View
ID: 2301-447 Created: 1/20/2023 9:59:18 AM Modified: 1/24/2023 12:41:34 PM	Status: Disposition Set OFS Status: Review Completed OFS Disposition: Affirmed	John Public John.Q.Public@Hardin.Police.Illinois.gov HARDIN POLICE DEPARTMENT	Tommy Gunn 1/11/1982 000000001	View PDF View

For additional information or technical support please contact the Illinois State Police, Office of Firearms Safety.

Thank You for completing this tutorial.



FIREARMS SERVICES BUREAU
LAW ENFORCEMENT AGENCY PORTAL REGISTRATION

AGENCY NAME: _____ AGENCY ORI: _____

AGENCY ADDRESS: _____ AGENCY PHONE: _____

AGENCY ADMINISTRATOR FOR THE FIREARMS SERVICES BUREAU LAW ENFORCEMENT PORTAL:

NAME: _____

TITLE: _____

EMAIL: _____ (required)

PHONE: _____

I hereby authorize the above named individual to act on my behalf as the chief law enforcement officer of the _____ (name of agency) and serve as the agency's Law Enforcement Portal Site Administrator. I understand the Agency Administrator will maintain control of those designated within my agency to serve as my designee for purposes of filing Concealed Carry License Application Objections, and change or add participants as needed to access the FOID Revocation List.

Printed Name of Chief Law Enforcement Officer: _____

Signature of Chief Law Enforcement Officer: _____ Date: _____

Subscribed and sworn to before me

this _____ day of _____, _____.

Notary Public

Please return to:
Illinois State Police
Firearms Services Bureau – Attn: CCL LE Registration
801 South 7th Street, Springfield, IL 62703
FAX: (217) 782-9139 EMAIL: ISP.CCW.Illinois@illinois.gov



**Illinois State Police
Firearms Services Bureau**

**LAW ENFORCEMENT PORTAL
User Agreement**

This Agreement is entered into by and between the _____ (“Participating Agency”) and the Illinois State Police (“ISP”). This Agreement sets forth the parties’ respective duties and conditions governing the Participating Agency’s access to the following ISP databases through the Law Enforcement Portal and submission and use of data contained within the databases:

- Firearm Concealed Carry Act (FCCA) Law Enforcement Objection Database
- Firearm Owner’s Identification Card Act (FOID) Revocation List

I. Purpose and Authority - The FCCA requires the ISP to provide a searchable database which is accessible by law enforcement agencies and allows such agencies to submit objections to FCCA license applicants based upon a reasonable suspicion that the applicant is a danger to himself or herself or others, or a threat to public safety. This Agreement is intended to enhance and foster the responsible exchange of law enforcement objections by ensuring that participating agencies and the ISP understand their respective roles and responsibilities.

Furthermore, the Firearm Owner’s Identification Card Act requires the ISP to notify law enforcement agencies when a person’s card is revoked. The Act also requires persons whose cards are revoked to surrender their cards to local law enforcement and complete a Firearm Disposition Record Form within 48 hours of receiving notice of the revocation. This Agreement is intended to assist the parties in achieving their respective legislative mandates and aid their efforts to enhance public safety.

II. Assumption of the Risks and Indemnification - Participating Agency and its individual users are responsible for verifying the quality and accuracy of the information submitted. The ISP has no liability to the Participating Agency for any special, incidental indirect, punitive, or consequential damages arising from their use of the ISP’s FCCA Law Enforcement Objection Database or FOID Revocation List. By entering into this Agreement, the Participating Agency agrees to assume, without limitation, all risks of loss and to indemnify and hold harmless ISP and any of its employees or officials against any and all claims, actions, losses, expenses, and damages that may arise from the Participating Agency’s use of and submission to ISP’s FCCA Law Enforcement Objection Database or FOID Revocation List. Nothing in this Agreement is intended to create a private right of action for any member of the public or alter existing or future federal and state law requirements. Pursuant to Sec. 45 of the Act, Civil Immunity. (430 ILCS 66/45) The Board, Department, local law enforcement agency, or the employees and agency of the Board, Department, or local law enforcement agency participating in the licensing process under this Act shall not be held liable for damages in any civil action arising from alleged wrongful or improper granting, denying, renewing, revoking, suspending, or failing to grant, deny, renew, revoke, or suspend a license under this Act, except for willful or wanton misconduct.

III. Illinois State Police Responsibilities - As the Administrator of the FCCA Law Enforcement Objection Database and FOID Revocation List, the ISP agrees to the following responsibilities:

A. FCCA Law Enforcement Objection Database

1) No later than 10 days after receipt of a completed application, the ISP shall enter all statutorily relevant information about applicants into a searchable database that is accessible to participating agencies.

2) If a participating agency submits an objection within 30 days after the entry of an applicant into the database, the ISP shall, within 10 days of completing all necessary background checks, submit the objection and all information related to the application to the Firearms Concealed Carry Licensing Review Board.

B. FOID Revocation List

1) By the fourth day of the month, the ISP shall update the FOID Database Revocation List located on the Law Enforcement Portal. The list will be available by county and contain the card holder's name, date of birth, address, revocation date, reason for revocation, number of FTIP transactions associated with FOID card number, and whether or not the individual has returned the revoked FOID card and the completed Firearm Disposition Record.

2) Enforcement action should not be taken based solely on the FOID Database Revocation List. The list is a static report run of the 1st day of every month. Officers should use LEADS to verify the current status of the individual's FOID status.

IV. Participating Agency Responsibilities - As a law enforcement agency subject to the laws of the state of Illinois, the Participating Agency agrees to the following responsibilities:

A. The Chief Law Enforcement Officer shall either personally oversee the Participating Agency's submission of objections to the FCCA Law Enforcement Objection Database or designate a person to do so on his/her behalf.

B. The Chief Law Enforcement Officer shall assign an Agency Administrator for the Firearm Services Bureau Law Enforcement Portal. The Agency Administrator will ensure all of the Participating Agency's users are trained, authorized for system access and follow protocol outlined within this agreement.

C. The Participating Agency may confer and collaborate with other Participating Agencies to ensure the review of all applicants is given due diligence.

D. The Participating Agency agrees to ensure any objection to a FCCA license applicant submitted is based upon a reasonable suspicion that the applicant is a danger to himself/herself or others, or a threat to public safety.

E. The Participating Agency agrees that submission of FCCA objections shall include all information relevant to the objection.

F. The Participating Agency agrees that the FOID Revocation List will primarily be used to ensure compliance with Section 9.5 of the FOID Act. The Participating Agency further agrees information obtained from the FOID Revocation List Database will not be in any manner, not authorized by, or consistent with State or Federal law.

V. Compliance with Laws - The ISP and Participating Agency will ensure FCCA objections shall be made and shared with the Board in strict compliance with all federal and state laws, regulations and policies. The Participating Agencies shall ensure that information entered into the ISP's FCCA Law Enforcement Objection Database or FOID Revocation List was not obtained in violation of any state, local, tribal, and federal law.

VI. Security Breach - Should a security breach result in unauthorized acquisition of personal information, information owners will be notified of the incident in a timely manner, in accordance with the Personal Information Protection Act. (815 ILCS 530)

The Participating Agency shall immediately notify the ISP's Firearms Services Bureau upon discovery of a breach of the system or system data. In the event of a breach by Participating Agency, the Participating Agency shall have 90 days to report to the ISP's Firearms Services Bureau what steps have been taken to protect the information from future compromise. ISP shall notify the Participating Agency if the Participating Agency's data has been improperly disclosed.

Once the nature of the breach has been determined, the ISP will work with the participating Agency to facilitate proper notification to affected individuals in accordance with the Personal Information Protection Act.

Personal information is defined as an individual's first name or initial and last name in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted:

- (1) Social Security number;
- (2) Driver's license number or state identification card number;
- (3) Account number or credit or debit card number, or an account number or credit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account
- (4) Medical Information;
- (5) Health Insurance Information; or
- (6) Unique Biometric Data generated from measurements or technical analysis of human body characteristics used by the owner or licensee to authenticate an individual, such as a fingerprint, retina or iris image, or other unique physical representation or digital representation of biometric data.

Personal information will be considered to be acquired, or reasonably believed to be acquired by an unauthorized person in any of the following situations:

- (1) Loss of documents – lost or stolen documents containing personal information.
- (2) Loss of computing system – Loss of any server, desktop, laptop, or personal digital assistant (PDA) containing unencrypted personal information.
- (3) Hacking incident – A successful intrusion of a computer system via the network.
- (4) Unauthorized data access – The access or attempt to access data by individuals who are unauthorized to access that data. This includes situations where individuals have received data that they are unauthorized to access: emails sent to the wrong recipient, paper documents sent to the wrong recipient and incorrect computer access settings. This also covers situations 3 where unencrypted personal information has been downloaded, copied or used by an unauthorized person.

VII. Suspension/Termination of Services - ISP reserves the right to immediately and unilaterally suspend or terminate the Participating Agency’s or an individual user’s access to the Firearm Services Bureau Law Enforcement Portal, ISP FCCA Law Enforcement Objection Database and FOID Revocation List when any term of this Agreement is violated or, in the opinion of ISP, appear to have been violated. No services shall be arbitrarily suspended or terminated but rather must be based upon a violation of the term(s) of this Agreement. The ISP shall immediately notify the Participating Agency or individual user of such suspension and the reason therefor in writing. Any violations will be reported to the Chief Law Enforcement Executive of the Participating Agency and necessary steps will be taken to institute procedures to eliminate any future violations within a reasonable length of time not more than 30 days. Suspended service shall only be resumed upon such terms and conditions as the ISP shall deem appropriate under the circumstances. Suspension may be followed by termination if deemed necessary by ISP.

VIII. Dissemination Restrictions

A. Secondary Dissemination - It is strictly forbidden to provide any information to any individuals, organization, government agency or corporation not legally authorized to have access to that information. The user receiving a request to disseminate criminal justice information must ensure the person requesting the information is authorized to receive the data. The data stored in the ISP systems is confidential and should be treated accordingly.

B. Freedom of Information Act “FOIA” – Pursuant to 5 ILCS 140/7.5(v) databases created and maintained under the FOID Act, FCCA and law enforcement agency objections under the FCCA are specifically exempt from disclosure under FOIA.

IX. Severability - The terms of this Agreement shall be considered to be severable. In the event that any of the terms of this Agreement shall be deemed to be void or otherwise unenforceable for any reason, the remainder of the Agreement shall remain in full force and effect.

X. Term, Amendment and Termination - This Agreement continue until it is terminated or amended by mutual agreement of parties. The Agreement shall not be altered, changed or amended except in writing executed by the Chief of Police of the Participating Agency and the Director of the ISP. The Agreement may be terminated at any time by either party by providing (30) calendar days advance written notice to the other party.

In witness whereof, ISP and Participating Agency have caused this Agreement to be executed by their duly authorized representatives as of the last date written below (“effective date”).

Participating Agency Chief, Signature Date

Participating Agency Chief, Typed or Printed Name

Illinois State Police Director, Signature Date