

STATE OF ILLINOIS)
ILLINOIS STATE POLICE)
FIREARMS SERVICES BUREAU)

FFL¹ Number: _____

Owner, Employee, or Other Agent – Required Section 5-40 Information

AFFIDAVIT

The undersigned, _____, being duly sworn upon
(print full legal name)

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 Certification Act. [430 ILCS 68]
2. Every owner, employee, or agent who sells or transfers firearms for the federal firearms licensee listed above is at least 21 years old, has a valid Firearm Owner’s Identification Card, and for renewal of a certificate of license, has completed the training required under Section 5-30 of the Firearm Dealer Certification Act.
3. I am the person or the owner, operator, or authorized agent of the entity listed on the FFL.
4. The names and Firearm Owner’s Identification Card numbers of the owners, employees, or agents who sell or transfer firearms for the licensee are either listed in the table below or in a separate document attached to this Affidavit.²

NAME	DOB	FOID NUMBER

¹ Federal Firearms License

² If additional space is needed, attach a separate document with the required information.

I affirm that the facts contained in this Affidavit are true and correct. I understand that pursuant to Section 5-15 of the Firearm Dealer Certification Act, providing false information on this affidavit is punishable as a Class A misdemeanor for a first violation and a civil penalty in an amount not to exceed \$10,000.

FURTHER AFFIANT SAYETH NAUGHT.

Print full legal name and Title

Print Business Name (if applicable)

Signature

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

Notary Public