

Recipient Name
Recipient Address

The requested affidavit for a lost/destroyed/stolen Concealed Carry License (CCL) is located on the back of this page. This document is unique to your license and will be verified by barcode. ***Do not duplicate.*** Complete and return this document to:

Illinois State Police
Firearms Services Bureau - CCL
801 South Seventh Street, Suite 400M
Springfield, Illinois 62703

STATE OF ILLINOIS)

ILLINOIS STATE POLICE)

FCCA License Application Number: # LicenseNmb

FIREARMS SERVICES BUREAU)

CCL LOST/DESTROYED/STOLEN **AFFIDAVIT**

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

upon oath, states as follows:

1. My Firearm Concealed Carry License Application Number is LicenseNmb .
2. I understand that not complying with the requirements of 430 ILCS 66/55 is a petty offense with a fine of \$150; this affidavit shall serve as notice of that my license has been lost/destroyed/stolen pursuant to 430 ILCS 66/55(b).
3. I understand that this affidavit shall constitute part of my license application for a replacement license.
4. I understand that pursuant to Section 30(a) of the Firearm Concealed Carry Act, entering false information on this affidavit is punishable as perjury under Section 32-2 of the Criminal Code of 2012.

Signature

This notice should be provided within 10 days of discovery that your license has been lost/destroyed/stolen.