

**AFFIDAVIT**

The undersigned, \_\_\_\_\_, certifies under penalty of perjury, the contents stated herein are true and correct:

1. On or about \_\_\_\_\_, I received notification from the Illinois State Police that my Concealed Carry License (CCL) had been revoked. I understand that in accordance to 430 ILCS 66/70, I am required to surrender my CCL card to my local police agency within 48 hours of notification.

2. I hereby certify that I am not in possession of the revoked CCL card.

I am now reporting that I have lost the previously issued CCL card on or about \_\_\_\_\_.  
OR

I surrendered the revoked card to \_\_\_\_\_ on or about \_\_\_\_\_.

3. I understand that the observation of a CCL card in my possession shall be sufficient basis for my arrest under Section 430 ILCS 66/70. In addition, I understand it is unlawful to acquire or possess any firearm or ammunition within this State without a valid FOID Card pursuant to 430 ILCS 65/2.

4. My date of birth is \_\_\_\_\_.

5. My driver's license or identification card number is \_\_\_\_\_.

I have read the foregoing and affirm under penalty of perjury the facts contained herein are true and correct to the best of my knowledge and belief. I verify the accuracy and completeness of each of the above statements.

**FURTHER AFFIANT SAYETH NOT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Subscribed and sworn to before me**

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**