ILLIN	E OF ILLINOIS OIS STATE POLICE ARMS SERVICES BUREAU))	FFL ¹ Number:		
Nonresident Owner, Employee, or Other Agent					
<u>AFFIDAVIT</u>					
The un	dersigned,		, 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.	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.					
3.	I am the person or the owner, operator, or authorized agent of the entity listed on the FFL.				
4.	The following owners, employees, or agents of the licensee and are not residents of Illinois, have				
undergone a background check and are not prohibited from owning or possessing firearms: ²					
	NAME	DOB	STATE OF RESIDENCE	DRIVER'S LICENSE#	

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, 2019.	
Notary Public	