



ILLINOIS STATE POLICE
FOID CARD & FIREARM DISPOSITION RECORD

FOID Card #: _____

NAME: _____
Last Name, First Name, Middle Name

DATE OF BIRTH: ____/____/____
Month Day Year

ADDRESS: _____

PHONE: _(_____)_____-_____
EMAIL: _____

Your FOID Card has been revoked. **Within 48 hours of receiving notice of the revocation**, the Firearm Owners Identification Card Act (430 ILCS 65/9.5) requires you to: (1) surrender your FOID card to the local law enforcement agency where you reside; (2) transfer all firearms in your possession or control; and (3) complete this Record. Please list all firearms in your possession at the time of revocation, indicating with whom they have been secured/transferred. If you do not have any weapons in your possession, please mark **No Weapons** on line 1 below. Initial Here: _____ **If weapons are transferred to more than one person, complete a new page for each person to whom weapons are transferred. A copy of this form should be retained, and another e-mailed to the Illinois State Police, Office of Firearms Safety, at ISP.FDR.FormReturn@illinois.gov.**

	Make	Model	Serial #	Person to Whom Firearms were Transferred (initial by each weapon received):	
				Name and Address	FOID# or FFL#
1					
2					
3					
4					
5					
6					
7					
8					

ADDITIONAL PAGE(S) ARE ATTACHED AS MORE SPACE IS NEEDED – Initial _____ . Page ____ of ____

My FOID Card Has Been: (initial below)

- ___ Surrendered to the local law enforcement agency where I reside (**Signature Required** →);
- ___ Surrendered to the Court (**Signature Not Required**); or
- ___ Lost or Destroyed (**Signature Not Required**).

Printed Name and Signature of Official Acknowledging Receipt of the FOID Card:

My Weapons Have Been: (initial below)

- ___ Surrendered to or seized by the local law enforcement agency where I reside;
- ___ Transferred as indicated above

Printed Name and Signature of Person Acknowledging Receipt of Weapons:

I certify I have transferred all firearms that I own or are under my custody and control to the custody of another person with a valid FOID card and otherwise complied with the provisions outlined above regarding the FOID Act. I declare under penalty and perjury under the laws of the state of Illinois the information provided in this form is true and correct. Total # Pages _____

 Signature of Revoked Card Holder

 Date

Law Enforcement Official's Signature OR Notary Stamp, Signature and Date:



**ILLINOIS STATE POLICE
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FOID Card #: _____

CONTINUED – ADDITIONAL PAGE FOR FIREARMS LISTING

NAME: _____ DATE OF BIRTH: _____/_____/_____

If weapons are transferred to more than one person, complete a new page for each person to whom weapons are transferred. A copy of this form should be retained, and another e-mailed to the Illinois State Police, Office of Firearms Safety, at ISP.FDR.FormReturn@illinois.gov.

	Make	Model	Serial #	Person to Whom Firearms were Transferred (initial by each weapon received):	
				Name and Address	FOID# or FFL#
9					
10					
11					
12					
13					
14					
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24					
25					
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27					
28					

ADDITIONAL PAGE(S) ARE ATTACHED AS MORE SPACE IS NEEDED – Initial _____.

Page ___ of ___

My Weapons Have Been: (initial below)

- Surrendered to or seized by the local law enforcement agency where I reside;
- Transferred as indicated above

Printed Name and Signature of Person Acknowledging Receipt of Weapons:

NOTICE TO POLICE AGENCY: Surrendered FOID card(s) must be destroyed.