



Illinois State Police – Office of Firearms Safety

Request for CCL Administrative Review

For additional information, please see the
Firearm Concealed Carry Act (FCCA), 430 ILCS 66/87

Pursuant to 430 ILCS 66/87, I, _____, am requesting an administrative review of the denial/revocation/suspension of my Concealed Carry License (CCL). I further request the ISP conduct an investigation authorized by 20 Ill. Admin. Code 1231.170 to determine my eligibility for such relief. By completing and signing this form, I am appealing to the Director of the Illinois State Police:

- The denial my CCL Application or revocation of my CCL.
- The re vocation of my CCL due to an **expired** FOID Card.
- The suspension of my CCL due to an Order of Protection.

Further, I am providing the following personal statement regarding my request for administrative review and if applicable, any information I possess to correct my criminal history. (You may attach additional pages as needed.)

I understand my waiver of privacy and confidentiality rights and privileges under all federal and state laws pursuant to Section 30 of the FCCA apply to this request for administrative review. I have read and fully understand the contents of this "Request for CCL Administrative Review."

Printed Name: _____ DOB: _____ Date: _____

Signature: _____ County of Residence: _____

Address, City, State, Zip: _____

Please Note: Pursuant to 430 ILCS 66/70(g), within 48 hours of receiving notice of a CCL revocation, you must surrender your CCL to the local law enforcement agency where you reside. Pursuant to 20 Ill. Admin. Code 1231.170(b)(4), your request for administrative review will not begin until the Illinois State Police has received all necessary documentation.

This form must be completed, signed, dated and returned to:

Illinois State Police
Office of Firearms Safety
801 South 7th Street, Suite 600-S
Springfield, IL 62703

OR via email at:

ISP.CCL.Appeals@illinois.gov