STATE OF ILLINOIS)
ILLINOIS STATE POLICE) FCCA Application Number: #
OFFICE OF FIREARMS SAFETY)
C	L Application Inadvertent Yes Answer
<u>AFFIDAVIT</u>	
The undersigned,	, being first duly sworn (print full legal name)
Upon oath, states as follo	/S:
1. My Firearm Concealed	Carry Application Number is
that my CCL applicat	(date), I received notification from the Illinois State Police on was denied. The stated reason for the denial is that on my that I am not qualified for a license under Section 25 of the Firearm 30 ILCS 66/25).
I hereby certify that I under the Firearm Cor	nswered such question(s) in error and that I am qualified for a license cealed Carry Act.
4. I understand that this	offidavit shall constitute part of my license application.
•	uant to Section 30(a) of the Firearm Concealed Cary Act, entering false idavit is punishable as perjury under Section 32-2 of the Criminal Code
FURTHER AFFIANT SAYETH NOT.	
	Signature
Subscribed and sworn to before r	e
This day of	,·
Notary Public	