

STATE OF ILLINOIS )  
ILLINOIS STATE POLICE ) FCCA Application Number: # \_\_\_\_\_  
FIREARMS SERVICES BUREAU )

**CCL Application Inadvertent Yes Answer – Have been in a residential or court-ordered treatment for alcoholism, alcohol detoxification, or drug treatment within the past 5 years.**

**AFFIDAVIT**

The undersigned, \_\_\_\_\_, being first duly sworn  
*(print full legal name)*

Upon oath, states as follows:

1. My Firearm Concealed Carry Application Number is \_\_\_\_\_.
2. On or about \_\_\_\_\_ *(date)*, I received notification from the Illinois State Police that my CCL application was denied. **The stated reason for the denial is that on my application I indicated that within the past 5 years I have been in a residential or court-ordered treatment for alcoholism, alcohol detoxification, or drug treatment within the past 5 years.**
3. I hereby certify that I answered this question in error and that I have not been in a residential or court-ordered treatment for alcoholism, alcohol detoxification, or drug treatment within the past 5 years.
4. I understand that this affidavit shall constitute part of my license application.
5. I understand that pursuant to Section 30 (a) of the Firearm Concealed Carry Act, entering false information on this affidavit is punishable as perjury under Section 32-2 of the Criminal Code of 2012.

**FURTHER AFFIANT SAYETH NOT.**

\_\_\_\_\_  
Signature

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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