



Illinois State Police  
 Firearm Concealed Carry Act – 430 ILCS 66/87  
**Request for Administrative Review**

I, \_\_\_\_\_, request the Illinois State Police, Firearms Appeals Unit to conduct an  
(Full Name)

Administrative Review of: (Select one)

- Revocation of my Concealed Carry License.
- Revocation of my Concealed Carry License due to an **EXPIRED** FOID card.
- Suspension of my Concealed Carry License due to an Order of Protection.
- Denial of my Concealed Carry License Application.

**NOTE: All revoked/suspended CCL cards must be received by the Illinois State Police prior to processing your appeal.**

**PERSONAL STATEMENT:** Describe in your own words the reason for your appeal. Include a description of the information you are providing to correct your application or criminal history record. You may attach additional documents as needed.

*I understand my request will not be processed until all requested documentation is received by the Illinois State Police, Firearm Appeals Unit. All Illinois residents must have a valid FOID card prior to the processing of a CCL appeal.*

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**This form must be completed, signed, dated, and returned to:** Illinois State Police  
 Attn: Firearm Appeals Unit  
 801 S. 7<sup>th</sup> St., Suite 400-M  
 Springfield, IL 62703  
 FAX: 217-782-9139