

VERIFIED STATEMENT

The undersigned, \_\_\_\_\_, certifies under penalty of perjury, the contents stated herein are true and correct:

1. On or about \_\_\_\_\_, I received notification from the Illinois State Police that my FOID card had been revoked. I understand that in accordance to 430 ILCS 65/9.5, I am required to surrender my FOID card to my local police agency, along with any minor’s FOID card that I may sponsor, within 48 hours of notification.

2. I hereby certify that I am not in possession of the revoked FOID card.

I am now reporting that I have lost the previously issued FOID card on or about \_\_\_\_\_.  
OR

I surrendered the revoked card to (name of police department) on or about \_\_\_\_\_.

3. I understand that the observation of a FOID card in my possession shall be sufficient basis for my arrest under Section 430 ILCS 65/9.5. In addition, I understand it is unlawful to acquire or possess any firearm or ammunition within this State without a valid FOID Card pursuant to 430 ILCS 65/2.

4. My date of birth is \_\_\_\_\_.

5. My driver’s license or identification card number is \_\_\_\_\_.

Verification

I have read the foregoing and affirm under penalty of perjury the facts contained herein are true and correct to the best of my knowledge and belief. I verify the accuracy and completeness of each of the above statements.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Witness information must be completed by a sworn law enforcement officer.**

\_\_\_\_\_  
Witnessed by Signature *(must be sworn officer)*

\_\_\_\_\_  
Badge Number

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Name of Police Agency