STATE OF ILL ILLINOIS STA FIREARMS SE))	FFL ¹ Number:			
NEW - Owner, Employee, or Other Agent – Required Section 5-40 Information						
<u>AFFIDAVIT</u>						
The undersigned,		int full legal nam	, being duly sworn upon			
	der penalties of perjury, contents stated herein to be	, to have per	rsonal knowledge	of the facts set forth herein, to ent to testify, and if called to testify		
	1(name on FFL) is a person or entity that has been issued a certificate of license from the Department of State Police in accordance with the Firearm Dealer Certification Act. [430 ILCS 68]					
2. Every or reference at least a certific						
3. I am the4. The naragents vtransfer						
	NAME	DOB	FOID CARD#	SELL/TRANSFER FIREARMS		

¹ Federal Firearms License

² If additional space is needed, attach a separate document with the required information.

I affirm that the facts contained in this Affidavit are true and correct. I understand that pursuant to Section 5-15 of the Firearm Dealer Certification Act, providing false information on this affidavit is punishable as a Class A misdemeanor for a first violation and a civil penalty in an amount not to exceed \$10,000.

FURTHER AFFIANT SAYETH NAUGHT.		
	Print full legal name and Title	
	Print Business Name	
	Signature	
SUBSCRIBED and SWORN to before me this day of, 2019.		
Notary Public		