

801 S. 7th Street, Suite 400-M Springfield, IL 62703 ISP.FTIP.History.RequestDL@illinois.gov

Law Enforcement Agency Name:				
Requestor's Name:		Email:		
Supervisor's Name:		Email:		
Requestor's Signature:			Date:	
FOID HOLDER INFORMATION				
FOID Number:	Name: Last, First, Middle Initial			Date of Birth:
FFL LICENSEE INFORMATION				
FFL Number:	Dealers Business Name:			Date Range of Request:
Check Reason for Request:				
□ Straw Purchase Investigation □ Homicide, Suicide, or incident involving the infliction or attempted infliction of injury using a firearm □ Stolen Firearm Investigation □ Administrative compliance inspection of an FFL by the BATFE (Must include FFL information above) □ Other law enforcement requests deemed necessary for the investigation of a criminal act related to the FOID Act, Firearm Concealed Carry Act, Unlawful Use of a Weapons Act, or the Deadly Weapons Act.* *Explanation if "Other" request is checked:				

The Illinois State Police Firearms Services Bureau requires ALL the above information to be completed before processing a request. THE ILLINOIS STATE POLICE/FIREARM SERVICES BUREAU RECORDS, WHICH WERE CREATED IN RESPONSE TO THE DEPARTMENT'S OBLIGATIONS UNDER THE FIREARM OWNERS IDENTIFICATION ACT, ARE ATTACHED FOR YOUR REVIEW. PLEASE TREAT THIS COMMUNICATION AS UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (U/LES). FURTHER DISTRIBUTION OF THIS INFORMATION IS RESTRICTED TO LAW ENFORCEMENT ONLY, UNLESS PRIOR APPROVAL FROM ILLINOIS STATE POLICE/ FIREARM SERVICES BUREAU IS OBTAINED. ANY VIOLATION OF THIS COULD INTERFERE WITH OFFICER SAFETY, ONGOING SENSITIVE INVESTIGATIONS, AND/OR STATE OR FEDERAL LAW. PERSONS OR ORGANIZATIONS VIOLATING DISTRIBUTION RESTRICTIONS MAY BE SUBJECT TO PROSECUTION AND WILL BE PROHIBITED FROM RECEIVING FUTURE ILLINOIS STATE POLICE/ FIREARM SERVICES BUREAU RECORDS. NO FURTHER DISTRIBUTION OF THIS REPORT OR SEGMENT THEREOF IS AUTHORIZED.

Effective 05/09/2016 ISP 2-677 (2-21)