

A CHICAGO FIREARMS PERMIT (CFP) NEW DUPLICATE
 AMENDMENT

CFP NO.

CITY OF CHICAGO/ DEPARTMENT OF POLICE

NAME OF APPLICANT (LAST - FIRST- M.I.)

EXPIRES

HOME ADDRESS (STREET)

CITY-STATE -ZIP CODE

HOME PHONE NO.

SOCIAL SECURITY NO.

DATE OF BIRTH (Day-Month-Year)

DRIVERS LICENSE NO. STATE

SEX
 MALE
 FEMALE

FOR OFFICE USE ONLY

APPLICANT'S BUSINESS ADDRESS

IL. FIREARM OWNER IDENTIFICATION NO.

RACE CODE (CIRCLE ONE)
1 2 3 4 5 6 7
(Describe Other Below)
See reverse side for race codes.

APPLICANT'S SIGNATURE DATE

OTHER _____

CPD-31.577 (7/10)

x

B

C CHICAGO FIREARMS PERMIT (CFP) NEW DUPLICATE
 AMENDMENT

CFP NO.

CITY OF CHICAGO/ DEPARTMENT OF POLICE

NAME OF APPLICANT (LAST - FIRST- M.I.)

EXPIRES

HOME ADDRESS (STREET)

CITY-STATE -ZIP CODE

HOME PHONE NO.

SOCIAL SECURITY NO.

DATE OF BIRTH (Day-Month-Year)

DRIVERS LICENSE NO. STATE

SEX
 MALE
 FEMALE

FOR OFFICE USE ONLY

APPLICANT'S BUSINESS ADDRESS

IL. FIREARM OWNER IDENTIFICATION NO.

RACE CODE (CIRCLE ONE)
1 2 3 4 5 6 7
(Describe Other Below)
See reverse side for race codes.

APPLICANT'S SIGNATURE DATE

OTHER _____

CPD-31.577 (7/10)

x

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION. FAILURE TO COMPLETE THE APPLICATION PROPERLY MAY RESULT IN YOUR APPLICATION BEING DENIED.

1. Type or print legibly in black or dark blue ink all information required on the application.
2. Sign the application in the THREE places indicated by an "X".
3. Submit TWO identical passport size photographs taken within 30 days of this application. The photographs must show the full face, head and shoulders of the applicant in a clear distinguishing manner. DO NOT GLUE OR ATTACH THE PHOTOGRAPHS TO THE APPLICATION.
4. Submit ONE photocopy of your valid Illinois Drivers License with the application. If you do not have a valid Illinois Drivers License, you must submit a photocopy of your Illinois identification card along with proof of adequate vision (20/40, with or without prescription lenses/contact lenses) on a certificate from an optometrist/ophthalmologist.
5. Submit ONE copy of your valid Illinois Firearm Owners Identification Card.
6. Submit an affidavit signed by a firearm instructor certified by the State of Illinois attesting that the applicant has completed a firearm safety course which consisted of at least one hour of range training and four hours of classroom instruction.
7. A nonrefundable processing fee of \$100.00 must accompany each application for a Chicago Firearms Permit.
8. A check or money order must be made payable to the CITY OF CHICAGO.
9. All Chicago Firearms Permits expire 3 years after the date of issuance, at which time the Chicago Firearms Permit must be renewed.
10. All applicants will be required to submit to fingerprinting at the time of application.

NOTE: An applicant that is 18 years or older but less than 21 may be approved if the person has the written consent of his parent or legal guardian to possess and acquire a firearm or firearm ammunition and that he has never been convicted of a misdemeanor, other than a traffic offense or adjudged a delinquent; provided that such parent or legal guardian is not an individual prohibited from having a FOID or CFP, and that the parent files an affidavit with the Department attesting that the parent is not an individual prohibited from having a FOID or CFP.

INQUIRES MAY BE DIRECTED TO:

Chicago Police Department
Gun Registration Program, Unit 163
3510 S. Michigan Ave. Room 1027 SE
Chicago, Illinois 60653

Telephone: (312) 745 - 5164
Office Hours: 8:30 a.m. to 3:30 p.m., Monday -Friday

PLEASE NOTE RACE CODES AS FOLLOWS:

1-BLACK 3-BLACK/HISPANIC 5-AMER. IND./ALASK.NAT. 7-OTHER
2-WHITE 4-WHITE/HISPANIC 6-ASIAN/PACIFIC ISLANDER

D

Under penalties as provided by law, I certify that I have answered all questions truthfully, correctly, and completely. I am not ineligible to possess a firearm under any federal, state or local law, statute or ordinance. I understand that any falsification of information in this application may subject me to a fine and/or jail term.

APPLICANT'S SIGNATURE

DATE

X

FOR OFFICE USE ONLY

VISION CHECK BY- STAR/EMP. NO.	FOID CHECK BY- STAR/EMP. NO.	IDENTIFICATION CHECK BY- STAR/EMP. NO.
FEE SUB. CHECK BY- STAR/EMP. NO.	REGISTRATION CHECK BY- STAR/EMP. NO.	TRAINING VERIFICATION CHECK BY- STAR/EMP. NO.