

A FIREARMS REGISTRATION

CITY OF CHICAGO/ DEPARTMENT OF POLICE

- NEW TRANSFER
 RENEWAL AMENDMENT

DATE REGISTERED (DAY -MO.-YR.)

REGISTRATION NO.

FIREARM SERIAL NO. MAKE/MANUFACTURER MODEL

DO NOT WRITE IN SHADED AREAS

FIREARM TYPE 1. REVOLVER 2. RIFLE 3. SHOTGUN 4. SEMI-AUTOMATIC PISTOL 5. OTHER (Describe)

IS THE FIREARM MODIFIED INOPERABLE ANTIQUE

CALIBER/GAUGE

PREVIOUS CHICAGO GUN REG. NO.

MAGAZINE CAPACITY

BARREL LENGTH FINISH 1. BLUE 2. BLACK 3. CHROME 4. NICKEL 5. STAINLESS 6. TWO TONE

CHICAGO FIREARMS PERMIT NO.

IL. FIREARM OWNER I.D. NO. SOCIAL SECURITY NO.

NAME OF APPLICANT (LAST - FIRST- M.I.) DRIVERS LICENSE NO. - STATE

HOME ADDRESS (STREET) CITY- STATE -ZIP CODE HOME PHONE

APPLICANT'S BUSINESS ADDRESS BUSINESS PHONE MALE FEMALE ORGANIZATION

APPLICANT'S SIGNATURE DATE RACE CODE (CIRCLE ONE) 1 2 3 4 5 6 7 (Describe Other Below) See reverse side for race codes. OTHER

ARE YOU A PEACE OFFICER? YES NO If yes see instruction No. 5 on reverse side,

DATE OF BIRTH (DAY -MO.-YR.)

CPD-31.562 (Rev. 7/10)

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1) IF THE FIREARM YOU ARE REGISTERING IS A RIFLE, ANSWER THE FOLLOWING QUESTIONS:

TYPE 1. BOLT ACTION 2. AUTOMATIC 3. SEMI-AUTOMATIC 4. LEVER ACTION 5. PUMP ACTION 6. BELT FED

DOES YOUR RIFLE HAVE A FOLDING OR TELESCOPING STOCK? YES NO

DOES YOUR RIFLE HAVE A PISTOL GRIP THAT PROTRUDES? YES NO

DOES YOUR RIFLE HAVE A BAYONET MOUNT? YES NO

DOES YOUR RIFLE HAVE A FLASH SUPPRESSOR OR BARREL HAVING A THREADED MUZZLE? YES NO

IS YOUR RIFLE A GRENADE LAUNCHER? YES NO

2) IF THE FIREARM YOU ARE REGISTERING IS A HANDGUN (INCLUDES REVOLVER AND PISTOL), ANSWER THE FOLLOWING QUESTIONS:

DOES YOUR HANDGUN HAVE AN AMMUNITION MAGAZINE THAT ATTACHES TO THE OUTSIDE OF THE GRIP? YES NO

DOES YOUR HANDGUN HAVE A BARREL HAVING A THREADED MUZZLE? YES NO

DOES YOUR HANDGUN HAVE A SHROUD THAT IS ATTACHED TO, OR PARTIALLY OR COMPLETELY ENCIRCLES THE BARREL AND THAT PERMITS THE SHOOTER TO HOLD THE FIREARM WITH THE NONTRIGGER HAND WITHOUT BEING BURNED? YES NO

DOES YOUR HANDGUN HAVE A MANUFACTURED WEIGHT OF 50 OZ. OR MORE WHEN THE HANDGUN IS UNLOADED? YES NO

IS YOUR HANDGUN A SEMI-AUTOMATIC VERSION OF AN AUTOMATIC FIREARM? YES NO

3) IF THE FIREARM YOU ARE REGISTERING IS A SHOTGUN, ANSWER THE FOLLOWING QUESTIONS:

TYPE 1. BOLT ACTION 2. AUTOMATIC 3. SEMI-AUTOMATIC 4. LEVER ACTION 5. PUMP ACTION 6. DOUBLE BARREL 7. OVER & UNDER

DOES YOUR SHOTGUN HAVE A FOLDING OR TELESCOPING STOCK? YES NO

DOES YOUR SHOTGUN HAVE A PISTOL GRIP THAT PROTRUDES? YES NO

DOES YOUR SHOTGUN HAVE A FIXED MAGAZINE CAPACITY IN EXCESS OF 5 ROUNDS? YES NO

DOES YOUR SHOTGUN HAVE AN ABILITY TO ACCEPT A DETACHABLE MAGAZINE? YES NO

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DATE OF BIRTH (DAY -MO.-YR.)

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PLEASE 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 spaces indicated by an "X".
3. Submit ONE copy of your valid Illinois Firearm Owners Identification Card.
4. Submit ONE photocopy of your Chicago Firearms Permit.
5. Peace officers must submit ONE photocopy of your Employee Identification Card. In addition, an Affidavit of Employment form must accompany each application if you are a (1) Probationary Police Officer of the Chicago Police Department, or (2) **a peace officer not employed by the Chicago Police Department.**
6. A **nonrefundable** processing fee of **\$15.00 per firearm** must accompany each application.
7. A check or money order in the amount of the applicable fee per number of applications must be submitted at the time of application. Make the check or money order payable to the CITY OF CHICAGO. DO NOT SEND CASH. Mail the entire unfolded application in an 8½ x 11 envelope with your return address 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

NOTE: If the firearm is an antique as defined in MCC-8-20-010, you must provide additional documentation which lists the date of manufacture.

NOTE: A person shall file an annual registration report with the Superintendent on a form, and in a manner, prescribed by the Superintendent. The annual registration report shall set forth such information as required by the Superintendent in rules and regulations. If a person has multiple registration certificates, the Superintendent may align the dates for the annual registration reports to the same reporting date and combine such annual registration reports into one report.

Failure to file an annual registration report may result in revocation of a person's CFP or registration certificate, and may cause that firearm to become unregistrable to that person.

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	

Please indicate the number of persons under the age of 18 that currently reside in the residence where the weapons will be kept?	Please indicate the number of persons age 18 or over that currently reside in the residence where the weapons will be kept?
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COMPLETE THIS SECTION WHEN REGISTERING A NEWLY ACQUIRED FIREARM OR TRANSFERRING A REGISTERED FIREARM.

GUN WAS ACQUIRED FROM - NAME (LAST-FIRST-M.I.)- DATE	STREET ADDRESS	CITY - STATE	
GUN WAS POSSESSED IN THE CITY BY ME ON -DATE	GUN OBTAINED BY PURCHASE <input type="checkbox"/> GIFT <input type="checkbox"/> INHERITED <input type="checkbox"/>	HAS WEAPON BEEN REGISTERED IN CHICAGO <input type="checkbox"/> YES <input type="checkbox"/> NO	PREVIOUS REGISTRATION NO.

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 _____

UNIT/W.C.	SIGNATURE	STAR NO.	UNIT/DISTRICT
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.	