



Illinois Retired Officer Concealed Carry

Illinois Parole Agent Concealed Carry (IPACC)



LAST NAME		FIRST NAME		M.I.
LEGAL RESIDENCE				
CITY	STATE	ZIP	COUNTY	
EMAIL ADDRESS			HOME PHONE	
I INTEND TO QUALIFY WITH FIREARM TYPE:			CELL PHONE	
<input type="checkbox"/> REVOLVER		<input type="checkbox"/> SEMI-AUTOMATIC		
DATE OF BIRTH		F.O.I.D. CARD #		

All items must be submitted or the application will be returned for corrections.

1. Completed and signed IPACC Personal Information Form 1
2. A photocopy of a valid Illinois Firearm Owners Identification (F.O.I.D.) card.
3. A color photo for your permit may be mailed with your application, or a digital photo may be emailed to irocc@letac.org. (Black and white photos will not be accepted).
4. A non-refundable application fee of \$75/one firearm type or \$100/both Revolver and Semi-Automatic in the form of a check or money order, made payable to: Illinois Retired Officer Concealed Carry or IROCC.

Under the penalty of perjury, I affirm the information and documentation on or attached to this application is accurate.

APPLICANT'S SIGNATURE	DATE



**Illinois Department of Corrections
Parole Agent Firearm Weapon Registration Form**

Name: _____

Make/Model of Weapon: _____

Serial #: _____

Type of Weapon (choose one or both): Semi-automatic Revolver

Agent Signature: _____ ID#: _____

Date: _____

Range Officer Signature: _____ ID#: _____

Do not send to the IPACC office with your application.

Please fax or mail it to:

**Illinois State Police Academy
2376 Academy Road
Box 383A
Pawnee, IL 62558**

**Phone: (217) 625-2131
Fax: (217) 625-7802**