



Illinois Retired Officer Concealed Carry

RENEWAL APPLICATION



Please note the additional requirement when submitting your application.

LAST NAME		FIRST NAME		M.I.
IROCC #	FOID CARD #		DATE OF BIRTH	
LEGAL RESIDENCE and MAILING ADDRESS				
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		
			RETIRED AGENCY	

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

1. Application (Form A)
2. Concealed Carry Affidavit (Form B)
3. A copy of the photo identification card issued by the law enforcement department/agency from which you retired/separated.
4. A photocopy of a valid Illinois Firearm Owners Identification (F.O.I.D.) card.
5. 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



Concealed Carry Affidavit

PLEASE ANSWER ALL QUESTIONS	YES	NO
I affirm I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.		
I affirm that I am not prohibited by Federal or State law from receiving a firearm.		
I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.		
I understand this authorization applies only to the firearm type with which I qualified.		
I understand that I must meet the same State of Illinois' standards of requalification for active law enforcement officers to carry a firearm of the same type with which I qualified.		
I understand that my permit has an expiration date and it is my responsibility to reapply if I wish to continue to carry under this law.		
I understand that I must carry the State of Illinois' retired officer concealed carry permit, along with the photographic identification issued by my agency and valid Illinois F.O.I.D. card when I carry a concealed firearm.		
I understand that a background investigation is required and do authorize one to be conducted to determine if I have been convicted of any criminal offenses or have any mental health issues that would disqualify me from possessing a concealed firearm.		
I understand that the State of Illinois' permit does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.		
I affirm I have not been charged with or convicted of a felony or misdemeanor specified in the Police Training Act section on decertification of police officer 50 ILCS 705/6.1 or any similar offenses in any other state.		
I understand that I must complete any course of instruction required by the Illinois Law Enforcement Training and Standards Board.		
I understand that I may be refused entry to a qualification facility by a Rangemaster if he or she believes that my physical condition is a safety hazard to myself or others.		

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

APPLICANT'S SIGNATURE	DATE