



Illinois State Police – Firearms Services Bureau Request for Concealed Carry License Review

I, _____, request the Illinois State Police, Firearms Services Bureau, to conduct a review of my Concealed Carry License file as a result of my Firearm Owner's Identification (FOID) card expiration.

NAME: _____

DOB: _____

CONCEALED CARRY LICENSE # _____

COMMENTS:

I understand my request will not be processed until my FOID card application has been processed and the card is active.

Signature _____

Date: _____

This form must be completed, signed, dated, and returned to:

Firearms Services Bureau
Attn: CCL Application Processing
801 S. 7th St., Suite 400-M
Springfield, IL 62703
FAX: 217-782-9139