



**FOID Appeal Employment Requirement Certification  
Law Enforcement and Armed Security**  
Pursuant to: 430 ILCS 65/10 and 20 Ill. Admin. Code 1230.70

**Instructions:** This certification (or letter) must be completed by an authorized representative of the employer and be returned directly to the:

Illinois State Police  
Office of Firearms Safety  
801 South Seventh Street, Suite 600-S  
Springfield, Illinois 62703-2487

The certification (or letter) must include:

1. The applicant's job title, current employment status and confirmation the FOID Card is a requirement for employment;
2. Records of any discipline or investigation regarding the revocation of their FOID Card (which can be included as an attachment); and
3. The employer's opinion regarding the applicant's suitability to possess a firearm.

***A letter from the employer on official letterhead containing all of the required information will be accepted; however, failure to provide all required information will result in denial of the FOID Appeal.***

<b><u>Employee Information</u></b>		
Name:	Date of Birth:	
<i>Last name, First name, Middle Initial</i>	<i>Month/Day/Year</i>	
Address:	FCC #:	
<i>Street or Mailing address; City, State, and Zip Code</i>		
Job Title:	Current Job Status:	
_____		
<b><u>Employer's Statement:</u></b>		
Printed Name:	Signature:	Date:
_____	_____	_____
Title/Agency:	Telephone #:	Fax #:
_____	_____	_____
Email:	Professional License # (if applicable):	
_____	_____	
Printed Address:	Questions regarding the appeal process for law enforcement or armed security officers may be directed to the Office of Firearms Safety by calling (217) 524-1669 or by email at <a href="mailto:ISP.FOID.Appeals@illinois.gov">ISP.FOID.Appeals@illinois.gov</a> .	
<i>Street or Mailing Address</i>		
_____		
<i>City, State, Zip Code</i>		