

GUN REGISTRATION CHANGE OF INFORMATION

CHICAGO POLICE DEPARTMENT

NAME OF APPLICANT (LAST - FIRST- M.I.)

SEX

MALE

FEMALE

INDICATE ANY CHANGES BELOW BY CHECKING THE BOX AND INDICATING THE APPROPRIATE CHANGE.

NAME OF APPLICANT (LAST - FIRST - M.I.)

HOME PHONE NO.

HOME ADDRESS (STREET)

CITY-STATE -ZIP CODE

BUSINESS ADDRESS

IL. FIREARM OWNER IDENTIFICATION NO.

IL. DRIVERS LICENSE NO.

APPLICANT'S SIGNATURE

DATE

x

CPD-31.579 (Rev. 10/13)

SEE INSTRUCTIONS ON REVERSE SIDE OF THIS CARD.

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

1. Check boxes and indicate all changes on the reverse side of this card.
2. Type or print legibly in black or dark blue ink all information required on the application.
3. Sign the application indicated by an "X".
4. If changes are made to your Illinois Firearm Owners Identification Card or Illinois Driver's License submit ONE valid copy of each one.
5. When the form is completed mail or return it in person to:

Chicago Police Department
Police Records Customer Service Section
Gun Registration Program, Unit 163
Room 1027 SE
3510 South Michigan Avenue
Chicago, IL 60653
(312) 745 - 5164