



**ILLINOIS STATE POLICE**  
**FOID CARD & FIREARM DISPOSITION RECORD**

**FOID Card #:** \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last Name, First Name, Middle Name*

DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

ADDRESS: \_\_\_\_\_

PHONE: \_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

EMAIL: \_\_\_\_\_

Your FOID Card has been revoked or suspended. **Within 48 hours of receiving notice of the revocation/suspension**, the Firearm Owners Identification Card Act (430 ILCS 65/9.5; 20 Ill. Adm. Code 1230.50(a)(2)) requires you to:

- (1) **Surrender your FOID Card**
  - a. Revoked Cards are to be surrendered to the local law enforcement agency where you reside or the Dept. of State Police
  - b. Suspended Cards may also be surrendered to the person listed on this form;
- (2) **TRANSFER ALL FIREARMS IN YOUR POSSESSION OR CONTROL** – as indicated on the form;
- (3) **Complete this Record**; and
- (4) **Email a copy of this completed form to: [ISP.FDR.FormReturn@illinois.gov](mailto:ISP.FDR.FormReturn@illinois.gov)** (Retain a Copy).

**Directions:**

- Please complete the form in its entirety, list all firearms in your possession at the time of revocation/suspension, and indicate to whom they have been transferred.
- If you do not have any weapons in your possession, please mark **“No Weapons”** on line 1 - sign at the bottom.
- **You must complete the Required Certification on Page 2**, regardless of whether you list weapons on that page.
- If weapons are transferred to more than one person, complete a new page for each person to whom weapons are transferred.
- *Additional pages may be obtained at <https://isp.illinois.gov/FirearmsSafety/Forms>*

	Make	Model	Serial #	PRINTED NAME and ADDRESS of Person to Whom Firearms were Transferred:	
				Please initial by each weapon received	FOID# or FFL# (only add to first line)
1					
2					
3					
4					
5					
6					

Page 1 of \_\_\_\_

**\*My Firearms Have Been: (initial below)**  
 \_\_\_\_\_ Surrendered to or seized by the local law enforcement agency where I reside **Signature Required**→;  
 \_\_\_\_\_ Transferred as indicated above; **Signature Required**→

Printed Name & Signature of  
**Official/Person Acknowledging Receipt of Weapons:**  
 X \_\_\_\_\_

**→FAILURE to COMPLY with the above is a Class A misdemeanor. 430 ILCS 65/9.5(d)←**

**NOTICE TO POLICE AGENCY:** It is recommended LE agencies submit the FDR via the LE Portal & Destroy All Surrendered FOID Cards



NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

If weapons are transferred to more than one person, complete a new page for each person to whom weapons are transferred. A copy of this form should be retained, and another e-mailed to the Illinois State Police, Office of Firearms Safety, at ISP.FDR.FormReturn@illinois.gov.

	Make	Model	Serial #	PRINTED NAME and ADDRESS of Person to Whom Firearms were Transferred:	
				Please initial by each weapon received	FOID# or FFL# (only add to first line)
7					
8					
9					
10					
11					
12					
13					
14					

ADDITIONAL PAGE(S) ARE ATTACHED AS MORE SPACE IS NEEDED. Initial \_\_\_\_\_. Page 2 of \_\_\_\_

REQUIRED CERTIFICATION

I DO NOT HAVE ANY WEAPONS IN MY POSSESSION (Signature Required) → X \_\_\_\_\_

\*My FOID Card Has Been: (initial below)

\_\_\_\_ Surrendered to or seized by State Police or the local law enforcement agency where I reside Signature Required →

Printed Name & Signature of Official/Person Acknowledging Receipt of FOID Card:

\_\_\_\_ Surrendered to person listed on this form Signature Required → (Only If FOID Card is Suspended, does not apply if Revoked)

X \_\_\_\_\_

\_\_\_\_ Surrendered to the Court (No Signature Required)

\_\_\_\_ Lost or Destroyed (No Signature Required)

\*My Firearms Have Been: (initial below)

Printed Name & Signature of Official/Person Acknowledging Receipt of Weapons:

\_\_\_\_ Surrendered to or seized by the local law enforcement agency where I reside Signature Required → or

\_\_\_\_ Transferred as indicated above; Signature Required →

X \_\_\_\_\_

I certify I have transferred all firearms that I own or are under my custody and control to the custody of another person with a valid FOID card and otherwise complied with the provisions outlined above regarding the FOID Act. I declare under penalty and perjury under the laws of the state of Illinois the information provided in this form is true and correct. Total # Pages \_\_\_\_\_

\_\_\_\_ Signature of Revoked/ Suspended Card Holder

\_\_\_\_ Date

Law Enforcement Official's Signature OR Notary Stamp, Signature and Date:



ILLINOIS STATE POLICE

FOID Card #: \_\_\_\_\_

**FOID CARD & FIREARM DISPOSITION RECORD**

**CONTINUED – ADDITIONAL PAGE(S) FOR FIREARMS LISTING**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

*If weapons are transferred to more than one person, complete a new page for each person to whom weapons are transferred. A copy of this form should be retained, and another e-mailed to the Illinois State Police, Office of Firearms Safety, at [ISP.FDR.FormReturn@illinois.gov](mailto:ISP.FDR.FormReturn@illinois.gov).*

	Make	Model	Serial #	PRINTED NAME/ADDRESS of Person to Whom Firearms were Transferred:	
				Please initial by each weapon received	FOID# or FFL# (only add to first line)

ADDITIONAL PAGE(S) ARE ATTACHED AS MORE SPACE IS NEEDED. Initial \_\_\_\_\_. Page \_\_\_\_ of \_\_\_\_

**\*My Firearms Have Been: (initial below)**  
 \_\_\_\_\_ Surrendered to or seized by the local law enforcement agency where I reside **Signature Required →**;  
 \_\_\_\_\_ Transferred as indicated above; **Signature Required →**

Printed Name & Signature of **Official/Person Acknowledging Receipt of Weapons:**  
 X \_\_\_\_\_

**NOTICE TO POLICE AGENCY:** It is recommended LE agencies submit the FDR via the LE Portal & Destroy All Surrendered FOID Cards