



**ILLINOIS STATE POLICE  
FIREARM DISPOSITION RECORD**

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

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

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

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

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

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

Please list all firearms within your possession at the time of revocation, indicating they have been secured/transferred in accordance with 430 ILCS 65/9.5. If your FOID card was confiscated by the Court or Law Enforcement, provide documentation.

	MAKE	MODEL	SERIAL #	NAME AND ADDRESS OF PERSON FIREARM TRANSFERRED TO:	PROVIDE FOID# OR FFL#
1					
2					
3					
4					
5					
6					
7					
8					
9					

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My firearms are being retained by a law enforcement entity.

\_\_\_\_\_  
*Signature of Revoked Cardholder*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Police Agency in Receipt of FOID card and Disposition Record*

\_\_\_\_\_  
*Signature of Receiving Officer* *Date*

\_\_\_\_\_  
*Printed Name of Receiving Officer*

\_\_\_\_\_  
*Badge #*

**NOTICE TO POLICE AGENCY:** A copy of this form should be mailed to the Illinois State Police, Firearms Services Bureau, ATTN: ENFORCEMENT, 801 S. 7th Street, Ste. 400-M, Springfield, IL 62703, along with the surrendered FOID card(s).