

Enhancing your Knowledge, Skill and Attitude

Congratulations! You have completed your Illinois Conceal Carry RENEWAL Course with Firearm Safety Group. Your next step to applying for your license is to register with the State of Illinois.

RKA Gun Gallery can help you fill out your Illinois CCL online application and photo. There is a \$40 convenience fee for this service. This process takes approximately 30-40 minutes to complete. Please plan accordingly.

RKA Gun Gallery can help you during normal business hours. Mondays and Fridays 9a-9p; Saturday 8a-8p; Sunday 9a-6p

What you will need to bring:

- * The attached form READ CAREFULLY FRONT AND BACK!
- * Your 3 Hour Illinois State Police RENEWAL Certificate with instructor name and id number.
- * If you did electronic fingerprints, your TCN#
- * A valid credit card to pay the state \$153.53 for you license.

RKA Gun Gallery, Firearm Safety Group and their employees are not responsible if the Illinois State Police website is not working. This is beyond our control. If the Illinois State Police deems an entry invalid, YOU will be responsible for calling the Illinois State Police at 217-787-7980. We do not have access to your personal information.

Once the application is done, RKA Gun Gallery, Firearm Safety Group and their employees no longer have access to your account. All future correspondence will be done through email between you and the state.

You are responsible for retaining all the information on the attached sheet. You can check the status of your application by logging on the Illinois State Police website. www.ispfsb.com

To become more proficient in your holster skills and drawing from concealment, we have created a Defensive Pistol Level 1 course. For more information, pricing and schedules, check out the website at www.firearmsafetygroup.com.

Illinois State Police User ID Sheet **The form is to create an account with the Illinois State Police. **

<u>You already have an account</u>, please enter your User ID and password and fill out the back of this sheet. We are unable to retrieve your password.

If you do not remember your account - User ID and password, you will need to re-register with the state. You will need a **NEW** email. Once you have created or have a different email, please fill out all the information below.**

The information on this sheet is considered confidential. This sheet will be given back to the customer to retain for their records. RKA and FSG do not keep any copies of this information. Please fill out completely, accurately and neatly.

Name	<u> </u>	<u> </u>		
First	Middle	Last		
Suffix (Jr, Sr, etc.)	Maiden	Name:		
Date of Birth	////////			
Primary Phone #				
Email Address		@		
USER ID:				
PASSWORD:				
		re 1 number and have 1 special character.		
Security Questions:				
* In what city were you born in?				
* The last 4 digits of your Social Security number?				
* What is the name of your favori	te pet?			
* What is your favorite movie?				
* What is your favorite sports team?				

- More information needed on back--

RETAIN THIS SHEET FOR YOUR RECORDS

This information is for Illinois Conceal Carry License Only.

Addresses MUST be in order with current being first. Addresses MUST total a <u>minimum of 10 years</u> with correct dates for each address. Your application will be rejected if this information is incorrect. If more room is needed, copy this paper and attach.

CURRENT ADDRESS:

Street Address	Apt./Bldg		
Country	Zip Code	State	
City/Town	County		
From(Month/Year)	to <u>PRESENT</u>		
PREVIOUS ADDRESS (If needed to meet the 10 year minimum):			
Street Address		Apt./Bldg	
Country	Zip Code	State	
City/Town	County		
From (Month/Year)	to (Month/Year)		
PREVIOUS ADDRESS (If needed to meet the 10 year minimum) :			
Street Address		Apt./Bldg	
Country	Zip Code	State	
City/Town	County		
From (Month/Year)	_ to (Month/Year)		
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PREVIOUS ADDRESS (If needed	d to meet the 10 year min	imum) :	
Street Address		Apt./Bldg	
Country	Zip Code	State	
City/Town	County		
From (Month/Year)	to (Month/Year)		

RETAIN THIS SHEET FOR YOUR RECORDS