



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.

This information is for Illinois Conceal Carry License Only.

Addresses **MUST** be in order with current being first. Addresses **MUST** total a ***minimum of 10 years*** 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 **PRESENT** _____

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) _____

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) _____

RETAIN THIS SHEET FOR YOUR RECORDS