



Congratulations! You have completed your Illinois Conceal Carry 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 on 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 Illinois State Police 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](http://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](http://www.firearmsafetygroup.com).

# Illinois State Police User ID Sheet

**\*\*The form is to create an account with the Illinois State Police. \*\***

***If you already have an account***, 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 have an account***, 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Suffix (Jr, Sr, etc.) \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Primary Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

USER ID: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

Password must be: 8 characters long, have 1 uppercase letter, have 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 favorite 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 ***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** \_\_\_\_\_

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***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 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 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***