

IROCC



Illinois Retired Officer Concealed Carry

840 S. Spring, Suite B
Springfield, Illinois 62704
www.ILConcealedCarry.org

Phone: 217/726-9537
Fax: 217/726-9539
Email: irocc@letac.org

Dear Applicant:

Under HR 218, Public Law 108-277, "Law Enforcement Officers Safety Act 2004" and "SB 1132, Public Law 111-272, the "Law Enforcement Officers' Safety Act Improvement Act", qualified active duty and retired law enforcement officers are exempt from state and local laws prohibiting the carry of concealed firearm.

In accordance with the Federal Act, Illinois passed Public Act 94-103 (2005) that provides for an annual certification of qualified retired law enforcement officers allowing them to carry a concealed firearm.

Please read all materials carefully prior to completion. All required supporting documentation and fees must accompany the application or it will be returned for corrections

Once the application has been pre-approved, you will be notified in writing and allowed to enroll in a certification shoot at one of the statewide range sites. Upon successful completion, you will receive a card signifying you have met IROCC state requirements.

Enclosed with this packet is:

Administrative Procedures and Process (Public Act 94-103)
Application Form (*Form 1*)
Affidavit Form (*Form 2*)
Retirement/Separation Verification Form (*Form 3*)

A program of the
Illinois Law Enforcement Training and Standards Board
and
Law Enforcement Training Advisory Commission



Illinois Retired Officer Concealed Carry (IROCC) Law Enforcement Officers' Safety Act (Public Act 94-103)

Administrative Procedures and Processes

- Step 1 Complete the application process to pre-qualify for retired/separated officer concealed carry qualification shoot.
- * Completed application (*Form 1*).
 - * Completed Recognized Concealed Carry Affidavit (*Form 2*).
 - * Complete Retirement/Separation Verification (*Form 3*).
 - * Provide a photocopy of a valid Illinois Firearm Owners Identification (FOID) card.
 - * Provide a photocopy of the photo identification card issued by the law enforcement agency from which you retired/separated.
 - * Provide a photo for your permit. A physical copy may be included with your application, or a digital photo may be emailed to irocc@letac.org. When emailing please include your name in the subject line.
 - * Provide a **non-refundable** application fee of \$75/one handgun or \$100/both revolver and semi-automatic in the form of a check or money order, made payable to Illinois Recognized Concealed Carry or IROCC. Application fees are non-refundable should the applicant fail to meet weapons certification.
- Mail to:** **Illinois Recognized Concealed Carry (IROCC)**
840 S. Spring, Suite B
Springfield, Illinois 62704
- Step 2 You will receive written notification that you are pre-qualified to attend a certification shoot based on the completion of the application packet identified in Step 1. You will also be given a list of IROCC approved range locations, available dates and telephone numbers for registration.
- Step 3 Once you have successfully completed the certification shoot, the range master will report your score to our office.
- Step 4 Within 10 working days after being certified, the IROCC office will issue a card (*mailed to your home address*) signifying your completion of the Illinois Retired Officer Concealed Carry certification and verifying your compliance with both Federal and State statutes.
- Step 5 Your concealed carry card will be valid for one year from the date of issuance. Two months prior to the expiration date of the card, you will be mailed notice of renewal instructions for recertification.



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Phone: (217) 726-9537
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Email: irocc@letac.org

Name: _____
Last Name First Name Middle Initial

S.S # _____ FOID # _____

Date of Birth: _____ Phone: _____
mm/dd/yyyy Area Code/Number

Legal Residence: _____
Street and/or P.O. Box

_____ City State Zip Code

County: _____ Agency: _____

E-mail Address: _____

To ensure proper notification, please report any changes to address, phone, or e-mail promptly.

PREREQUISITE DOCUMENTS FOR IROCC APPLICANTS

The following documents must be submitted.

Incomplete applications will be returned as unapproved.

1. Copy of photo identification card issued by the law enforcement agency from which the applicant separated in good standing (copy of front and back)
2. Copy of valid Illinois FOID card
3. (Form 2) Affidavit completed and signed by applicant.
4. (Form 3) Retirement/Separation Verification completed and signed by department representative from each law enforcement agency you worked for, verifying an aggregate of 10 years regularly employed service and that you left in good standing.
5. Non-refundable application fee of \$75 for one weapon type (revolver or semi-automatic), or \$100 for both. Please include check or money order, made payable to: ***Illinois Recognized Concealed Carry or IROCC***. **DO NOT SEND CASH**. Application fee is non-refundable, should the applicant fail to meet the weapons certification.
6. A photo for your permit. A physical copy may be included with your application, or a digital photo may be emailed to irocc@letac.org. When emailing please include your name in the subject line.

I attest that the information and documentation on or attached to this application is accurate.

Applicant's Signature

Date

Illinois Recognized Concealed Carry (IROCC)

Before retirement/separation, I was (**choose one**)

- regularly employed as a law enforcement officer for ten (10) or more years aggregate
 Or
 separated from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;

I intend to fire: Revolver Automatic (Semi)

<u>PLEASE ANSWER ALL THE QUESTIONS</u>	YES	NO
The law enforcement agency from which I retired/separated has issued me a photographic identification		
I retired/separated in good standing as a law enforcement officer: Agency: _____ City: _____ State: _____		
I have not been officially found by a qualified medical professional employed by the agency to be unqualified for reasons relating to mental health and as a result of this finding will not be issued the photographic identification.		
I have not entered into an agreement with the agency from which the individual is separating from service in which that individual acknowledges he or she is not qualified under this section for reasons relating to mental health and for those reasons will not receive or accept the photographic identification.		
I was authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, and I had statutory powers of arrest.		
I (have provided completed Form 3)		
I affirm that I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance or, currently in a drug or alcohol rehabilitation, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.		
I affirm that I am not prohibited by Federal or State law from receiving a firearm.		
I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.		
I understand that I must meet the same State of Illinois' standards of requalification for active law enforcement officers to carry a firearm of the same type as my concealed firearm.		
I understand that I must carry the State of Illinois' IROCC certification card, along with the photographic identification issued by my agency and valid Illinois FOID card when I carry the concealed weapon.		
I understand that my certification expires twelve months from the date of issue and it is my responsibility to reapply if I wish to continue to carry under this law.		
I understand this authorization applies only to the weapon-type with which I qualified.		
I understand that the State of Illinois' certification does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.		
I understand that a background investigation is required and do authorize one to be conducted to determine if I have been convicted of any criminal offenses or have any mental health issues that would disqualify me from possessing a concealed firearm.		

I have not been charged with nor convicted of any felony or any misdemeanor specified in the Police Training Act section on decertification of police officer 50 ILCS 705/6.1 or any similar offenses in any other state.

I solemnly swear or affirm under the penalties of perjury that the information provided in the questionnaire is true to the best of my knowledge, information and belief.

_____ Print Name

_____ Signature

_____ Date

RETIREMENT/SEPARATION VERIFICATION

Applicant must provide a completed Form 3 from agencies verifying 10 years aggregate of regular employment or separation from service after completing any applicable probationary period due to a service-connected disability as determined by such agency.

Applicants name (print)

(Agency)

Street City State Zip Telephone

***To be completed by authorized agency representative:**

I certify the applicant was regularly employed as a "Law Enforcement Officer" as defined below in the Law Enforcement Officers Safety Act of 2004, HR 218, Public Law 108-277, Public Law 111-272 (October 2010) and Public Law 112-239 (Jan. 2013)for:

○ _____ years

Or:

○ separated from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;

Definition

- "qualified retired law enforcement officer" means an individual who--
- separated from service **in good standing** from service with a public agency as **a law enforcement officer;**
- Before such separation, was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, **and had statutory powers of arrest;** or apprehension under section 870(b) of title 10, United States Code (article 7 (b) of the Uniform Code of Military Justice).
- before such separation, served as a law enforcement officer for an aggregate of 10 years or more; **or**
- separated from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;
- has not been officially found by a qualified medical professional employed by the agency to be unqualified for reasons relating to mental health and as a result of this finding will not be issued the photographic identification **or:**
- has not entered into an agreement with the agency from which the individual is separating from service in which that individual acknowledges he or she is not qualified under this section for reasons relating to mental healthfor those reasons will not receive or accept photographic identification
- is not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and
- is not prohibited by Federal law from receiving a firearm

***To be completed by authorized agency representative, (NOT APPLICANT)**

I solemnly swear or affirm under the penalties of perjury that I have the authority to certify the information provided in this questionnaire is true to the best of my knowledge, information and belief.

Print Name

Signature

Department Title

Date