



Illinois Retired Officer Concealed Carry

New Applicant Permit Process Instructions

Step 1

Submit a completed application, which includes:

- Application (Form 1)
- Concealed Carry Affidavit (Form 2)
- Employment Verification (Form 3) or equivalent information verified on department letterhead.
- A photocopy of a valid Illinois Firearm Owners Identification (F.O.I.D.) card.
- A photocopy (back and front) of the photo identification card issued by the law enforcement department/agency from which you retired/separated.
- A color photo for your permit may be mailed with your application, or a digital photo may be emailed to info@irocc.org. (Black and white photos will not be accepted.)
- A non-refundable application fee of \$75/one firearm type or \$100/both Revolver and Semi-Automatic in the form of a check or money order, made payable to: Illinois Retired Officer Concealed Carry or IROCC.

Mail to: **Illinois Retired Officer Concealed Carry (IROCC)**
 500 S. 9th Street
 Springfield, IL 62701

Step 2

When your application has been approved you will receive a pre-qualification letter with instructions on attending a firearm qualification shoot. Along with the letter, you will receive a range schedule with dates, locations and telephone numbers. You must register to secure the preferred date for your firearm qualification. Online registration is available on our website. You must report to the designated range 30 minutes prior to the scheduled qualification time, unless advised otherwise.

YOU MUST BRING THE FOLLOWING:

- **UNLOADED** and cased firearms
- Photo I.D. issued by your department/agency
- Valid F.O.I.D. card
- 60 rounds of factory ammunition
- Ear & eye protection
- Belt holster (No cross draw or shoulder holster)

To qualify, you must place 21 hits out of 30 rounds within the 8x14 target area (70% proficiency). You will be provided two opportunities to qualify; shooting a total of 30 rounds for each opportunity. If you are qualifying with two firearms, a revolver and a semi-automatic, you will be given one opportunity (30 rounds) for each weapon. The course of fire is 12 rounds from the five-yard line, 12 rounds from the seven-yard line and 6 rounds from the fifteen-yard line.

Step 3

Once you have successfully completed the firearm qualification, the range master will report your score to our office. Approximately 10 working days after qualifying, your firearm qualification card will be issued and mailed to your designated address. This firearm qualification card will verify compliance with both Federal and State statutes. Your firearm qualification card has an expiration date, and it is your responsibility to reapply if you wish to continue to carry a concealed firearm under this law. Two months prior to expiration you will receive notice of renewal instructions.

Please contact our office if you need additional information.

Illinois Retired Officer Concealed Carry (IROCC)
500 South 9th Street
Springfield, IL 62701

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



Illinois Retired Officer Concealed Carry

NEW APPLICATION

1

LAST NAME		FIRST NAME		M.I.
MAIDEN NAME		DATE OF BIRTH	GENDER	
LEGAL RESIDENCE				
CITY	STATE	ZIP	COUNTY	
EMAIL ADDRESS				
I INTEND TO QUALIFY WITH FIREARM TYPE:				
<input type="checkbox"/> REVOLVER		<input type="checkbox"/> SEMI-AUTOMATIC		
F.O.I.D. CARD #	PRIMARY PHONE		SECONDARY PHONE	

All items must be submitted or the application will be returned for corrections.

1. Application (Form 1)
2. Concealed Carry Affidavit (Form 2)
3. Employment Verification (Form 3) or equivalent information verified on department letterhead.
4. A photocopy of a valid Illinois Firearm Owners Identification (F.O.I.D.) card.
5. A photocopy of the photo identification card issued by the law enforcement department/agency from which you retired/separated (front and back).
6. A color photo for your permit may be mailed with your application, or a digital photo may be emailed to info@irocc.org. (Black and white photos will not be accepted).
7. A non-refundable application fee of \$75/one firearm type or \$100/both Revolver and Semi-Automatic in the form of a check or money order, made payable to: Illinois Retired Officer Concealed Carry or IROCC.

Under the penalty of perjury, I affirm the information and documentation on or attached to this application is accurate.

APPLICANT'S SIGNATURE	DATE

Concealed Carry Affidavit

2

Before retirement/separation, I (choose one)

- was employed as a law enforcement officer for ten (10) or more years aggregate.
- separated from service as a law enforcement officer after completing applicable probationary period due to service connected disability as determined by the department/agency.

PLEASE ANSWER ALL QUESTIONS	YES	NO
I retired for reasons related to mental health.		
I affirm I met the State of Illinois' definition of "law enforcement officer," as defined in 20 Ill. Adm. Code 1720.220.		
I was authorized to engage in or supervise the prevention, detection, investigation, prosecution or incarceration of any person for, any violation of law, and I had statutory powers of arrest. <i>(Military Applicants: apprehension authority under section 807(b) of title 10, United States Code [article 7(b) of the Uniform of Military Justice]).</i>		
I affirm 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, and understand this authorization applies only to the firearm type with which I qualified.		
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 with which I qualified.		
I understand that my permit has an expiration date and it is my responsibility to reapply if I wish to continue to carry under this law.		
I understand that I must carry the State of Illinois' retired officer concealed carry firearm qualification card, along with the photographic identification issued by my agency and valid Illinois F.O.I.D. card when I carry a concealed firearm.		
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 understand that the State of Illinois' firearm qualification card does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.		
I affirm I have not been charged with or convicted of a felony or 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 understand that I must complete any course of instruction required by the Illinois Law Enforcement Training and Standards Board.		
I understand that I may be refused entry to a qualification facility by a Rangemaster if he or she believes that my physical condition is a safety hazard to myself or others.		

Under the penalty of perjury, I affirm the information and documentation on or attached to this application is accurate.

APPLICANT'S SIGNATURE	DATE



EMPLOYMENT VERIFICATION FORM

THIS PORTION TO BE COMPLETED BY APPLICANT			
LAST NAME	FIRST NAME	M.I.	
APPLICANT MAILING ADDRESS			
CITY	STATE	ZIP	
D.O.B.	EMPLOYEE #	STAR #	

THIS PORTION TO BE COMPLETED BY DEPARTMENT REPRESENTATIVE				
Person named on this form is a qualified retired/separated law enforcement officer as defined by H.R. 218 Law Enforcement Officers Safety Act, 18 USC 926C. <i>(Military substitution for Employment Verification: DD214 Honorable Discharge / NGB Form 22)</i>				
AGENCY				
EMPLOYMENT TIME	START DATE <small>MM/DD/YYYY</small>	END DATE <small>MM/DD/YYYY</small>	JOB TITLE	
STATUS	<input type="checkbox"/> RETIRED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DUTY-RELATED DISABILITY		GOOD STANDING	<input type="checkbox"/> YES <input type="checkbox"/> NO

Under the penalty of perjury, I affirm the information on this employment verification form is accurate. To be signed off by Chief, Dept. Chief, Sheriff, Undersheriff, or Head of H.R.			
THIS PORTION TO BE COMPLETED BY DEPARTMENT REPRESENTATIVE			
NAME (Please Print)		DEPARTMENT TITLE	
SIGNATURE	DATE	PHONE	EMAIL