

Chicago Police Department  
Gun Registration Program, Unit 163  
3510 S. Michigan Avenue  
Room 1027 SE  
Chicago, IL 60653



To: Superintendent, Chicago Police Department

Please be advised that (*Name of Applicant*) \_\_\_\_\_

has completed a firearm safety and training course on (*Date*) \_\_\_\_\_.

Training Entity/Facility(ies) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

The firearm safety and training course consisted of a minimum of one hour of range training and four hours of classroom instruction, and included all of the following:

- (a) instruction in the dangers of and misuse of firearms, and their care, cleaning and storage and safety rules:
- (b) practice firing on a range with live ammunition:
- (c) instruction in the legal use of firearms; and,
- (d) a presentation of the ethical and moral considerations necessary for any person who possesses a firearm.

Under penalties as provided by law, I am approved as a firearm instructor by the Illinois Department of Financial & Professional Regulation. I further attest the above information is truthful, correct and complete.

X \_\_\_\_\_  
*Firearm Instructor's Signature* *Date*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Under penalties as provided by law, as the CFP applicant, I attest that I have completed the firearm safety and training course in compliance with MCC 8-20-120(a) (7).

X \_\_\_\_\_  
*Applicant's Signature* *Date*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOID Number:** \_\_\_\_\_