

Illinois Retired Officer Concealed Carry (IROCC)

Affidavit

Before retirement, I was *either* **(choose one)**

- regularly employed as a law enforcement officer for fifteen (15) or more years aggregated or
- retired after completing probation due to service-connected disability as determined by the agency I retired from.

I intend to fire: **(choose one)**

- Revolver
- Automatic (Semi)
- Both

Mark yes or no:	YES	NO
The law enforcement agency from which I retired has issued me a photographic identification		
I retired in good standing as a law enforcement officer: Agency: _____ City: _____ State: _____		
Retired for reasons of mental instability.		
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 a nonforfeitable right to benefits under my agency's retirement/pension plan.		
If you responded no to the above question, can you provide a letter(s) from each law enforcement agency you worked for showing an aggregate of 15 years of service and stating you left in good standing and the reason why you did not participate in a retirement system.		
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