Form I (09/2005)

IROCC - Illinois Retired Officers Concealed Carry

3171 Greenhead Drive, Suite B
Springfield, IL 62711
Phone: 217-726-9537 * Fax: 217-726-9539

Date Received:

Initials:

IROCC CERTIFICATION ROSTER

Name of Firearms Range:	Range Location:	Rangemaster: (print)
Mobile Team Unit: **10**	Certification Date:	Rangemaster: (signature)
Total Qualification Time: Hours: Minutes:	Total Enrollment:	

Retired Law Enforcement Officer: Last First	FOID #	Retiring Agency	Revolver P/F	Semi-Auto P/F