



# Illinois Retired Officer Concealed Carry

*Illinois Parole Agent Concealed Carry (IPACC)*

**RENEWAL APPLICATION**



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

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

1. Completed and signed IPACC Personal Information Form A
2. A photocopy of a valid Illinois Firearm Owners Identification (F.O.I.D.) card.
3. 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

