

Filled Sample of Firearm License Renewal Form

Applicant's Full Name: John Michael Doe

Date of Birth: 1985-07-14

Address: 123 Maple Street, Apt 4B, Springfield, IL 62704

Phone Number: (217) 555-0134

Email Address: johndoe@email.com

License Number: IL-2021-456789

Date of Issue: 2021-08-05

Expiry Date: 2024-08-05

Type of Firearm(s): Handgun, Shotgun

Reason for Possession: Personal Protection, Sporting

Have you been convicted of any criminal offense since your last renewal? No

Do you have any pending court cases? No

Are there any medical conditions that may affect your ability to own a firearm? No

Declaration:
I, John Michael Doe, hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that submitting false information may result in the denial or revocation of my firearm license.

Applicant's Signature: John M. Doe

Date: 2024-06-27