

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 No
any criminal offense since
your last renewal?**

**Do you have any pending No
court cases?**

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

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