**Firearm Bill of Sale**

**All definitions defined by the State of Illinois FOID Act**

**Buyer certifies that he/she is not restricted or forbidden by law to own a firearm and buyer states that he/she:**

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Is a United States citizen.



Has never been convicted of a felony.



In the past 5 years, has not been a patient in any medical facility or part of any medical facility used primarily for the care or treatment of persons for mental illness.



Is not addicted to narcotics.



Is not mentally retarded.



Is not subject to an existing order of protection which prohibits him/her from possessing a firearm.



Within the past 5 years, has not been convicted of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed.



Has never been convicted of domestic battery or a substantially similar offense (misdemeanor or felony).



Has never been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony.



Is not an alien who is unlawfully present in the United States.



Has never been adjudicated as a mental defective.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOID Card Number / FFL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Firearm Sold:** **Check Box if C&R Eligible:**

Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caliber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price: \_\_\_\_\_\_\_\_\_\_\_\_\_

Illinois law requires withholding the delivery of a concealable weapon (i.e. a handgun) for at least 72 hours and a rifle, shotgun, or other long gun for at least 24 hours when sold to an individual.

Date of Sale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Buyer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seller Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Buyer Name/Address or FFL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seller Name/Address or FFL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_