

Illinois Firearm Person to Person Transfer Form

TRANSFEROR INFORMATION

- Name: _____
- Address: _____
- FOID Card Number: _____
- Expiration Date: // _____

TRANSFeree INFORMATION

- Name: _____
- Address: _____
- FOID Card Number: _____
- Expiration Date: // _____

FIREARM DESCRIPTION

Make	Model	Serial Number	Caliber

TERMS OF TRANSFER

- Date of Transfer: // _____
- Location of Transfer: _____
- Method of Payment: _____

Both parties agree the firearm transfer complies with Illinois State Laws and federal firearm regulations.

The transferee has provided a valid Firearm Owner's Identification (FOID) Card for verification.

SIGNATURES

Transferor Signature: _____ **Date: //** _____

Transferee Signature: _____ **Date: //** _____