



Department of Police - City of Chicago
3510 S. Michigan Avenue - Chicago, Illinois 60653

DEALER- PLEASE NOTE:

A DEPARTMENT MEMBER PRESENTING THIS FORM IS REQUIRED TO PRODUCE HIS STAR AND PICTURE I.D. TO PROVE EMPLOYMENT WITH THE CHICAGO POLICE DEPARTMENT. IN CASE OF QUESTION, PLEASE CONTACT THE CRIME PREVENTION AND INFORMATION CENTER (CPIC) AT (312) 745 - 6300, 24 HOURS A DAY.

CERTIFYING STATEMENT

I hereby solemnly swear (sincerely affirm) that I am not a person prohibited from possessing firearms, high capacity magazines or ammunition, pursuant to Illinois Revised Statutes, 1995, 720 ILCS 5/24-1 THRU 5/24-7, and/or the Violent Crime Control & Law Enforcement Act of 1994 (Public Law 103-159), and that I have not been a patient in a mental hospital within the past 5 years.

I hereby solemnly swear (sincerely affirm) that I have not been convicted of a misdemeanor crime of domestic violence pursuant to the Gun Control Act of 1968 (GCA).

The firearm, magazine or ammunition that is being purchased is for use in performing official duties and the firearm, magazine or ammunition is not being acquired for personal use or for purposes of transfer or resale.

I declare under penalty of perjury that information contained in this statement is true and accurate.

Signature of Acquiring Officer

Under penalty of perjury, I certify that _____ Star/Emp. No. _____ is currently employed as a peace officer with the Chicago Police Department. I declare under penalty of perjury the information contained in this statement is true and correct. The firearm, magazine or ammunition described herein is intended for use by the acquiring officer while engaged in the performance of his/her official duties and the officer is therefore allowed to purchase the equipment from a federally licensed firearms dealer. The firearm, magazine or ammunition being purchased by the officer is suitable for use in performing official duties, and it is not being acquired for personal use or for purposes of transfer or resale. Also, it is certified that I am allowed to authorize the acquisition of the items described.

DESCRIPTION OF AMMUNITION:

CALIBER	GRAIN
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DESCRIPTION OF MAGAZINE:

MANUFACTURER	MODEL	CAPACITY
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DESCRIPTION OF FIREARM:

MANUFACTURER	MODEL	CALIBER
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FOR FIREARM PURCHASES: THIS CERTIFYING STATEMENT MUST BE SUBMITTED WITH AN ATF FORM 4473 AND AN ILLINOIS STATE POLICE FIREARMS TRANSFER INQUIRY PROGRAM (FTIP) BACKGROUND CHECK.

SIGNATURE OF STATION SUPERVISOR/UNIT COMMANDING OFFICER

DATE