



DEPARTMENT OF POLICE CITY OF BELLEVILLE, ILLINOIS QUALIFICATION FORM

DATE QUALIFIED	TIME QUALIFIED	<input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> RETIRED/SEPARATED	RANGE OFFICER'S NAME (PRINT)
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Part I: GENERAL INFORMATION

NAME : (First Name Middle Init. Last Name)					
CURRENT HOME ADDRESS (Include City, State and Zip Code)					APARTMENT #
CONTACT NUMBER PHONE	AGE	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	
FOID CARD NUMBER	EXPIRATION DATE	RETIRED/ SEPARATED OFFICER MUST ATTACH COPY OF FOID CARD			

Part II: BACKGROUND AUTHORIZATION (FOR RETIRED/SEPARATED OFFICERS ONLY)

In accordance with Illinois Public Act 94-01103 and Federal H.R. 218, I authorize the Belleville Police Department to conduct a background check to determine if I qualify for certification within the parameters set by Illinois Retired Officers Concealed Carry program. I understand that the Belleville Police Department will be making electronic inquiry through LEADS /NCIC in order to complete this Background Check. I release the City of Belleville and any other person and/or agencies that provide information to the Belleville Police Department from all liability and damage stemming from or arising out of the Background Check.

Signature OF RETIREE / SEPARATED PERSON _____

Part III: WEAPON INFORMATION

1st W E A P O N	HANDGUN TYPE <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMIAUTOMATIC	HANDGUN USE: <input type="checkbox"/> DUTY <input type="checkbox"/> OFF-DUTY	HANDGUN MAKE
	HANDGUN MODEL	HANDGUN CALIBER	HANDGUN SERIAL NUMBER
2nd W E A P O N	HANDGUN TYPE <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMIAUTOMATIC	HANDGUN USE: <input type="checkbox"/> DUTY <input type="checkbox"/> OFF-DUTY	HANDGUN MAKE
	HANDGUN MODEL	HANDGUN CALIBER	HANDGUN SERIAL NUMBER

Part IV: QUALIFICATION COURSE

5 yards 12 Rounds (2 rounds – 6 seconds)

7 yards 12 Rounds (3 rounds – 7 seconds)

15 yards 6 Rounds (3 rounds – 10 seconds) *Minimum score of 21 out of 30 required to pass.

1st WEAPON QUALIFYING SCORE _____ of 30 _____ % <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	2nd WEAPON QUALIFYING SCORE _____ of 30 _____ % <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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Signature OF F5B; 9 OFFICER _____

Part V ADMINISTRATIVE

LEADS/NCIC CHECKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ST. CLAIR COUNTY CHECKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY CHECKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOID CARD STATUS CHECKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CRIMINAL HISTORY CHECKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF VERIFICATION
<i>Signature</i> OF OFFICER VERIFYING BACKGROUND CHECK _____		DATE ID CARD ISSUED
APPROVED BY (<i>Signature</i>) _____		DATE APPROVED