



Illinois Parole Agent Concealed Carry

3171 Greenhead Dr. Suite B
Springfield, Illinois 62711

Phone: 217/726-9537
Fax: 217/726-9539

Email: ipacc@letac.org

PACC-Form 1

PAROLE AGENT OFF-DUTY CONCEALED CARRY APPLICATION

Type or Print Clearly

Personal Information:

Name: _____
Last Name First Name Middle Initial Suffix

S.S. #: _____ - _____ - _____ FOID #: _____ Date Of Birth: _____ / _____ / _____

Job Title: _____ Gender: Male Female
Circle one

Residence: _____
Street and/or P.O. Box

City State Zip Code County

Work Address: _____
Street and/or P.O. Box

City State Zip Code County

Applicant Personal Email Address: _____

Applicant Work Email Address: _____

Would you like to receive email notifications from this office? Yes No *(please circle one)*

Home phone: _____ Work Phone: _____ Cell phone: _____
Area Code/Number Area Code/Number Area Code/Number

Best number to contact you? Home Work Cell *(please circle one)*

Please report any changes to the information on this form within 30 days of the change via written letter or email: ipacc@letac.org

Signature: _____ Date: _____



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PACC-Form 2

PAROLE AGENT OFF-DUTY CONCEALED CARRY EMPLOYMENT ELIGIBILITY VERIFICATION

Type or Print Clearly

Name: _____
Last Name First Name Middle Initial Suffix

Applicants Job Title: _____

Applicant is eligible to carry a concealed weapon under Public Act 096-0230: Yes No
(Circle One)

Verification Authorized By: _____
PLEASE PRINT (Full Name)

Job Title: _____

Work Phone: _____ - _____ - _____

Work Email: _____

Signature of Authorizing Agent: _____

Date: _____

This office reserves the right to verify all or any part of the information contained in this application package.