

**AMERICAN MEDICAL RESOURCE INSTITUTE ILLINOIS CONCEALED CARRY COURSE APPLICATION**

PRINT OR TYPE

COURSE DATES ENROLLING FOR: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DAY PHONE (\_\_\_\_) \_\_\_\_\_

ILLINOIS FOID NUMBER \* \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

YOUR AGE \_\_\_\_\_ SEX \_\_\_\_\_ DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

TUITION: \$2 95 (full 16-hour course) \$1 95 (8-hour course) \$85 (4-hour recertification course)

**CHECKS PAYABLE TO:** AMERICAN MEDICAL RESOURCE INSTITUTE

If you would like to pay by credit card, call us at: 1-800-272-9064 (Monday - Friday 9am-5pm)

\* FOID is not required if you are not an Illinois resident. If you are an Illinois resident waiting for the State to send your FOID card, you may take the course, however, you will need to have your current FOID card to submit your Illinois State Police concealed carry license application.

**YOU CAN PRINT THIS APPLICATION AND MAIL TO:** FOR CREDIT CARDS: CIRCLE TYPE (MC VISA AMEX DISCOVER)

AMERICAN MEDICAL RESOURCE INSTITUTE  
2-B Public Safety  
715 Ela Road  
Lake Zurich, IL 60047-6300

FAX: 1-888-833-2674

scan/email: administration@amrieducation.org

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION \_\_\_\_/\_\_\_\_ SECURITY CODE \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_ AMOUNT CHARGED \$ \_\_\_\_\_