NICS INDICES SUBMISSION



Unlawful Users/Addicted to any Controlled Substance

LAW ENFORCEMENT USE ONLY

This form is utilized to provide information to the State Police Firearms Transaction Center to facilitate entry of a firearms disqualification record into the National Instant Criminal Background System (NICS) Indices. NICS is searched in firearms purchase background checks nationwide.

Contact information:			
Agency Name:			
Originating Agency Identi	fier (ORI):		
Contact Name:			
Agency Address:			
Telephone #:	Fax #:	Email:	
Descriptive information for (*required)	rentry. Provide as much il	nformation as possibl	le to avoid false identification.
*Name:			
Alias Names:			
SS#:	Height:Weight:	*Sex:	Race:
*Date of Birth:	Place of birth:		
FBI Number or State Ident	ification Number (SID) if	known:	
Categorize your entry ur	nder the following (check	k all that apply):	
	_		in a manner other than as administered:
	ful use or possession of a		within the past year.
	test of the suspected co		nin the past year, confirmed by
Print Name:Signature:			
Title:		Date	