



NICS Indices Self-Submission Form

(You must SIGN this form in the presence of a licensed physician or a licensed mental-health professional)

Please clearly **print** your full legal name on the line immediately below:

I, _____, voluntarily request permanent entry into the NICS Indices of the FBI's Criminal Justice Information Services (CJIS) Division's National Instant Criminal Background Check System (NICS). **I UNDERSTAND THAT**

COMPLETION & SUBMISSION OF THIS FORM WILL RESULT IN DENIAL OF MY RIGHT TO PURCHASE, TO POSSESS AND TO USE ANY FIREARM. In addition, I understand that once I am in the NICS Indices, I may not be permitted to withdraw my name or information from the NICS Indices.

Please provide the following information about yourself (print clearly):

Any other names ever used: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number _____ Sex (circle) M F

Height _____ Weight _____ Race _____

I have a mental-health condition that may cause me to: (check all that apply):

_____ Be a danger to myself or to others

_____ Lack mental capacity adequately to contract or manage the details of my life

BY SIGNING THIS FORM, I AUTHORIZE DISCLOSURE OF MY MENTAL HEALTH RECORDS TO THE FBI NICS SECTION AND I WAIVE MY RIGHTS TO PRIVACY UNDER THE PRIVACY ACT OF 1974, THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA) AND OTHER PERTINENT PROVISIONS OF LAW IN RELATION TO A NICS BACKGROUND CHECK FOR FIREARMS PURCHASE, POSSESSION AND/OR USE, AND TO THIS VOLUNTARY REQUEST FOR MY ENTRY INTO THE NICS INDEX.

My signature: _____

Date: _____

VERIFICATION OF PHYSICIAN OR MENTAL-HEALTH PROFESSIONAL

By my signature below, I verify that I am a licensed physician or licensed mental-health professional who has examined the person whose signature appears above and that, in my professional opinion, he/she understands this form and has adequate mental capacity voluntarily to execute this document. I also verify that the person whose signature appears above signed this document in my presence.

Signature of professional _____ Printed name & title _____ State of licensure & license number _____

Business address: _____

Telephone: _____ Fax: _____

E-mail form and supporting documentation to NICSIndexSubExternal@fbi.gov, then promptly mail the original to: FBI, 1000 Custer Hollow Rd., Clarksburg WV 26306-0001, ATTN: NICS Liaison Specialist. Questions call (844) 265-6716.