



## **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](mailto: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.