

Records, Communications and Compliance Division 333 West Nye Lane, Suite 100 Carson City, Nevada 89706 Telephone (775) 684-6200 – Fax (775) 687-3419

Number of Pages: _____ (including cover)

NICS INDICES SUBMISSION FORM

TYPE OF ACTION: \square ADD		☐ REMOVE	MOVE MODIFY			
AGENCY SUBMITTING INFORMATION:						
Agency Contact:						
Agency Contact Phone #:						
SUBJECT INFORMA	TION:					
*Last Name:		*First Name:		M. Name:		
*DOB:	*Gender:	Race:	HGT:	WGT:		
Senuer.		race.	1101.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
POB: Other D		DOB:	OB: State of R		esidence:	
		S.m. 91 11		esidenee.		
AKA (s): ***Attach additional pages with AKA information if more room is needed***						
r						
SSN (s):						
DISQUALIFICATION:						
(g)(1) Disqualifying Conviction						
Conviction Documentation attached						
_						
(g)(3) Controlled Substance Abuse						
Arrest Report w/ lab/field test results AND/OR Court Docs attached						
(g)(9) Domestic Violence Conviction						
Arrest Report AND Court Docs attached						
	r					
(g)(8) Protection Order						
Order attached						
Comments (reason for removal or modification):						
						

NOT FOR USE WITH MENTAL DEFECTIVE INFORMATION

Fax this form along with the required documentation as stated above to the Point-of-Contact Firearms Program at (775) 687-3419. For questions, please call (775) 684-6200.

^{*}Required Fields