



## NICS Indices and Local Law Enforcement NRS 433A.310 Submission Form

Pursuant to changes and additions made to NRS by Assembly Bill 46 and Assembly Bill 253 of the 2009 and 2017 Nevada Legislative Sessions, respectively, please answer the following questions in order to provide the Department of Public Safety, Records, Communications and Compliance Division, and local agencies with which the court has entered into an agreement for such transmission, the information required for entry of individuals into the National Instant Criminal Background Check System (NICS) and the local systems appropriate database of information relating to crimes. These individuals are prohibited by law from possessing firearms.

*Please provide the following court contact information:*

Court Name: \_\_\_\_\_  
Court Point of Contact: \_\_\_\_\_  
Court Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*Please provide the following information about the individual to be entered into the NICS Indices Mental Defective File and/or Local Agency System:*

Name: \_\_\_\_\_  
Court Case Number(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
Alias Name(s): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Local Agency Number (e.g. SCOPE Id#): \_\_\_\_\_  
Crisis Intervention Phone #: \_\_\_\_\_

**THIS FORM IS FOR USE REGARDING NRS 433A.310** – A person who is involuntarily committed to a public or private mental health facility for treatment or to a program of community-based or outpatient services **ONLY**. Please provide court mental competency adjudication or court transcripts only. Do not provide any diagnostic or medical information.

**NICS Indices Submissions:** Fax this form along with required court information as stated above to the Point of Contact Firearms Program at (775) 687-3419. For questions, please call (775) 684-6200.

**Local Law Enforcement Submissions:** Submit form, information and questions as specified in your agency agreement.

**PLEASE DO NOT MODIFY OR CHANGE THIS FORM**  
**Attach an additional form for additional AKA information**