



NICS INDICES SUBMISSION

Unlawful Users/Addicted to any Controlled Substance

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 Identifier (ORI): _____

Contact Name: _____

Agency Address: _____

Telephone #: _____ Fax #: _____ Email: _____

*Descriptive information for entry. Provide as much information as possible to avoid false identification. (*required)*

*Name: _____

Alias Names: _____

SS#: _____ Height: _____ Weight: _____ *Sex: _____ Race: _____

*Date of Birth: _____ Place of birth: _____

FBI Number or State Identification Number (SID) if known: _____

Categorize your entry under the following (check all that apply):

Found through a positive drug test to use a controlled substance in a manner other than as prescribed by a licensed physician within the past year. **Date test administered:** _____

Admitted to unlawful use or possession of a controlled substance within the past year. **Date of use/possession:** _____

Found to be in unlawful possession of a controlled substance within the past year, confirmed by positive field or lab test of the suspected controlled substance. **Date of possession:** _____

Signature and title of submitting agency official:

Print Name: _____ Signature: _____

Title: _____ Tel #: _____ Date: _____