

ATTACHMENT III

Survey Form sent to State Reporting Agencies

Survey for 2010 Firearm Inquiry Statistics (FIST) Program

OMB No. XXXX-XXXX: Approval expires XX/XX/XX

State Agency Name:

Agency Number:

Month	TIONS			REASONS FOR REJECTION										APPEALS/ARRESTS**			
	RCVD	REJ	REJ RATE	FEL	FUG	JUV	DOM VIOL	CRT ORD	ILLGL ALIEN	MNTL HLTH	DRUG ADD	STATE LAW	OTHER *	ARRESTS	APPEALS	APPEALS REVRSD	RECONSD RCVD†
Jan																	
Feb																	
Mar																	
April																	
May																	
June																	
July																	
Aug																	
Sep																	
Oct																	
Nov																	
Dec																	
TOTAL																	

*Other includes dishonorable discharge, renunciation of U.S. citizenship, and unspecified reasons.

**Arrest and appeal counts can be sent later, if more time is needed to collect data.

† A reconsideration occurs when the denied person objects to the original decision and asks your agency to reconsider the denial.

Directions: If monthly totals are not available, please fill in the **cumulative totals** for at least the first two columns. In the event data are reported on the spreadsheet, please review the accuracy of the information and make updates directly to the form as needed. In order for us to complete our analyses of the 2010 data, we would greatly appreciate if you would return the completed spreadsheet and your signed review by **<date>**. The materials can be returned via fax, mail, or email (information below).

Thank you for your time and effort. Please do not hesitate to contact us at 1-800-XXX-XXXX or XXX@XXX.com with any questions regarding this survey.

Completed by:

Telephone:

Fax:

MAIL: FIST

<Data collection agent>

<Address>

Email:

<City, State, Zip Code>

