

ATTACHMENT VIII
Survey Form (sent to local reporting agencies, as applicable)

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

PLEASE RETURN BY <Month, Day, Year>

Special Tally Sheet for Firearm Inquiry Statistics (FIST) Program Purchase Permit Statistics
January – December 2010

«ORI» «Company»

| | Total |
|--|-------|
| Applications | |
| Rejections | |
| <u>Reasons for Rejection (if known)</u> | |
| Felony Indicted | |
| Felony Conviction | |
| Felony No Disp. | |
| Fugitive | |
| Juvenile | |
| Drug Related | |
| Court Order | |
| Mental Incompetence | |
| Illegal Alien | |
| State Law | |
| Local Ordinance | |
| Domestic Violence | |
| Other* | |
| <u>Arrest and Appeal Information**</u> | |
| Number of Arrests | |
| Reconsiderations† Received | |
| Reconsiderations Reversed | |
| Appeals to Court Filed | |
| Appeals to Court Reversed | |

*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.

If these statistics cover only part of a month, please enter the last date these statistics cover: _____

Please fill in at least the first two rows and fax or mail this form back to us as soon as possible. Even if your agency received zero (0) applications, please send this information. **Thank You! For any questions: 1-XXX-XXX-XXXX FAX: (XXX) XXX-XXXX**

Completed by: _____

Telephone: _____

FAX: _____

E-mail: _____

MAIL: FIST
 <Data Collection Agent>
 <Address>
 <City, State, Zip Code>