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| FORM FIST-1 | U.S DEPARTMENT OF JUSTICE  BUREAU OF JUSTICE STATISTICS (BJS)  (REJIS ACTING AS DATA COLLECTION AGENT)  **2015 FIREARMS INQUIRY STATISTICS (FIST)**  **Annual Survey of Background Checks for Firearm Transfers and Permits** |  |

Please correct any errors in the name and address information that is printed below.

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| **OFFICIAL AGENCY** **NAME** (*If different from above*) | | | | |
| **9-DIGIT** **NCIC-ORI NUMBER** | | | | |
| **PERSON COMPLETING THE FORM** | | | | |
| **NAME** | | | | **TITLE** |
| **TELEPHONE** | | | | **FAX** |
| **E-MAIL ADDRESS** | | | | |
| ***IMPORTANT – Please answer the following questions before proceeding with the questionnaire. Mark [X] in the appropriate box below.*** | | | | |
| Did your agency process, track, or conduct background checks for firearm transfers or permits to purchase or carry at any time between January 1, 2015, and December 31, 2015? | | | | |
|  | | | | |
|  |  | Yes 🡪 If applicable, please list any other agencies for whom you conduct these activities: | | |
|  |  | |  | | --- | |  |   (Agency Name(s)) | | |
|  |  | No 🡪 The authorized permit processing, tracking, or checking agency for your jurisdiction is: | | |
|  |  | |  | | --- | |  |   (Agency Name(s)) | | |
| ***If your response to the above question is “No” or if the following condition applies, you do not need to complete the questionnaire. Mark an [X] in the appropriate box below and return the survey using the instructions below.*** | | | | |
|  | | | | |
|  | | | Agency no longer in existence  Agency employed only part-time officers AND the total combined hours of work for these officers averaged  less than 35 hours per week | |
|  | | |
| **RETURN INSTRUCTIONS** | | | | |
| * Please submit your completed form by using the web reporting option at **https://production7.spsscloud.com/REJIS\_A**, mailing it to the Regional Justice Information Service (REJIS) in the enclosed postage paid envelope, or faxing each page to 1-314-535-1729. * If you have any questions, comments, or feedback about the survey, please call the FIST project manager toll free at 1-800-531-2150, or send an e-mail to [fist@rejis.org](mailto:fist@rejis.org). * Please retain a copy of your completed survey for 1 year. | | | | |
| **Burden Statement** | | | | |
| Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 USC 3732), authorizes this information collection. | | | | |

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| **INSTRUCTIONS FOR COMPLETING THE FORM** |
| * Please mark ‘X’ in the appropriate boxes. * If possible, please answer all questions for the entire calendar year (January through December) 2015. If data are available for only part of the year, please supply any available information in the spaces provided. * If the answer to a question is “not available” or “unknown,” write “DK” in the space provided. * If the answer to a question is “not applicable,” write “NA” in the space provided. * If the answer to a question is “none” or “zero,” write “0” in the space provided. Please respond with zero only when the actual total reported count is zero, as opposed to when the data are not known or unavailable. * When an exact numeric response is not available, provide an estimate and mark the estimate box next to the number field. Please provide a brief explanation in Section II to describe how the estimates were calculated. * Please do not leave any items blank unless otherwise directed. |

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| **Section I –APPLICATIONS AND DENIALS** | | | | | | |
|  | | | | | | |
| **1.** | **Between January 1, 2015, and December 31, 2015, how many applications for** (Agency specific permit(s)/transfers) **were processed or tracked by your agency?** | | | | | |
|  | | | | | | Mark ‘x’ if estimate |
|  | | **Applications** | | |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
|  | | | | | | |
|  | | | | | | |
| **2.** | **Between January 1, 2015, and December 31, 2015, how many applications for** (Agency specific permit(s)/transfers) **were denied?**  A denial occurs when an applicant is prohibited from receiving a firearm or permit that can be used to obtain a firearm because a disqualifying factor was found during a background check. | | | | | |
|  | | | | | | Mark ‘x’ if estimate |
|  | | **Denials** | | |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
|  | |  | | | | |
|  | | | | | | |
| **3.** | **Does your agency track the reason(s) why an application was denied?** *(Please indicate “Yes” if your agency had zero denials in 2015, but you would track the reason(s) for a denial if one were processed. Please also indicate “Yes” if you can provide estimates for reasons for denial.)* | | | | | |
|  |  | |  | |  | |
|  |  | | Yes | | | |
|  |  | | No *(skip to question number 8)* | | | |
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| **4.** | | **How does your agency track reasons for denial? (Please select all that apply)** | | | |
|  | |  | | | |
|  | | Computer software keeps a running count of reasons a part of standard operations | | | |
|  | | Computer software can be queried for counts of reasons if needed | | | |
|  | | Counts of reasons are tallied on paper as part of  standard operations | | | |
|  | | Counts of reasons are tallied by hand if requested | | | |
|  | | Other (please explain in Comments section) | | | |
|  | |  | | | |
| **5.** | | **If MULTIPLE reasons are found for a denial, how are found reasons tracked?** | | | |
|  | | All reasons for denial are tracked *(skip to question 7)* | | | |
|  | | Only one reason for the denial is tracked | | | |
|  | | Don’t know *(skip to question 7)* | | | |
|  | | | | | |
| **6.** | | **If ONLY ONE reason for a denial is tracked, how is that reason tracked?** | | | |
|  | |  | | | |
|  | | The first reason found during the background  check is tracked | | | |
|  | | The most serious charge listed on the criminal  history record is tracked | | | |
|  | | Other method of tracking (*Please explain. If more space is needed, please use the space provided in the Comments section.)*   |  | | --- | |  | | | | |
|  | | Don’t know | | | |
|  | | | | | |
|  | |  | | | |
| **7.** | | **For denials tracked in 2015, why was the application denied?** List total counts *(including zeros, where applicable)* for each reason for a denial *(please include all federal, state, and local law reasons for denial within the most appropriate category)*. Mark ‘x’ in the checkbox provided for any estimated counts. | | | |
|  | |  | | | |
|  | |  | | **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | Mark ‘x’ if estimate |
|  | | 1. Felony indictment or charge………………….……… | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Felony conviction….......... | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Felony arrest with no disposition............................... | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Fugitive or outstanding warrant………………………..….. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Domestic violence misdemeanor…....…….…....... | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Domestic violence, protective or restraining order………………………..……… | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Addicted to or unlawful user of a controlled substance….…………….…….… | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Mental health commitment or adjudication….….…..…….. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Illegal or unlawful alien…... | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. State law prohibitor   *(if not included in above categories)*………………..….….. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Local law prohibitor   *(if not included in above categories)*………….…..……….. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | 1. Other reasons not included above (*including juveniles and dishonorable discharge*)……………………… | | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | |  | | | |
|  | | (*After answering this question, skip to question number 11)* | | | |
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| **8.** | **Why is your agency unable to track reasons for denial? (Please select all that apply)** | |
|  |  | |
|  | No record of the reason for a denial is saved | |
|  | Records for 2015 were saved temporarily but  purged before the survey was received | |
|  | Staff or budget is not available to look up or  compile statistics on reasons for denial | |
|  | Records of reasons for denial are not in an easily  accessible format | |
|  | Other (please explain in Comments section) | |
|  |  | |
| **9.** | **What would enable your agency to keep summary statistics on reasons for denial? (Please select all that apply)** | |
|  |  | |
|  | Computer software that tracks applications,  denials, and reasons for denial | |
|  | Form for recording a monthly summary of  application denial decisions | |
|  | Form for recording an application denial when  the decision is made | |
|  | Additional personnel or funds to keep track of  application denial decisions | |
|  | Other (please explain in Comments section) | |
|  |  | |
| **10.** | **If possible, please estimate what proportion (percentage) of your agency’s denials are made up of the following reasons:** | |
|  |  | |
|  | Felony arrests, charges, and convictions | |
|  | Domestic violence convictions and  \_\_\_\_\_\_  \_\_\_\_\_\_  \_\_\_\_\_\_  \_\_\_\_\_\_  protective (restraining) orders | |
|  | State law prohibitor *(if not included in*  *above categories)* | |
|  | Other reasons not included above  (*including juveniles and dishonorable*  *discharge*) | |
|  |  | |
| **11.** | **Do any of the counts you provided for any of the items throughout the survey cover only part of the year?** | |
|  | (formatting to be finalized) | |
|  |  | Yes *(please specify): Which counts cover only part of the year: The months that are covered:* |
|  |  | No |
|  |  |  |

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| **Section II - COMMENTS** |
|  |
| Please include any comments that would better explain how your agency collects information for firearm transfers or permits, including the names of any permit or transfer types not listed on this form that you process, track, or conduct background checks for. If the reported totals are estimates please provide a brief explanation to describe how the estimates were calculated. *(Use back of page if more space is needed.)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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