

# SHOT Show Survey: Full Point of Contact States

## Privacy Act Statement

**Authority:** The collection of this information is authorized under Title 34 U.S.C. § 10211, 44 U.S.C. § 3101, and the general record keeping provision of the Administrative Procedures Act (5 U.S.C. § 301). Completing the survey and providing your contact information is voluntary.

**Principal Purpose:** The purpose of this survey is to gather feedback regarding your experience with the National Instant Criminal Background Check System (NICS). If provided, your contact information will be used to contact you regarding your submitted success stories or other NICS experiences.

**Routine Uses:** All surveys will be maintained in accordance with the Privacy Act of 1974. Information on the survey may be disclosed with your consent, and may be disclosed without your consent as permitted by all applicable routine uses as published in the Federal Register (FR), including the routine uses for the FBI Online Collaboration Systems (JUSTICE/FBI-004), published at 82 FR 57291 (Dec. 4, 2017), and the routine uses for the Next Generation Identification System (JUSTICE/FBI-009), 84 Fed. Reg. 54182 (October 9, 2019). Routine uses may include sharing information with other federal, territorial, state, local, and tribal criminal justice agencies.

Pursuant to Paperwork Reduction Act requirements, this collection has been assigned the following control number by the Office of Management and Budget (OMB): xxxx-xxxx. This OMB control number expires 12/31/2021.

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3 Questions - Estimated time to complete: 1 min

1. **I am an FFL who...**
  - a. Uses NICS E-Check or Phones
  - b. Uses XML
  - c. Resides in a Partial POC state
  - d. **Resides in a Full POC state**
  
2. **Please enter your RDS Key (i.e. First 3 and last 5 numbers of the FFL number)**  
[Text box. Validation set to 8 numeric characters. PII.]  
**Or your Business Name** [Text box. PII.]
  
3. **Is there anything you'd like to share with us?** [Free text box]