



This survey is issued by the United States Department of Justice, Federal Bureau of Investigation, CJIS Division

## National Instant Criminal Background Check (NICS) Training Feedback

### Attendee Feedback

**Please enter the following info about your session:**

NICS Training

Date : MM/DD/YYYY

**For virtual sessions, please rate your satisfaction with:**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied
Registering for the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing the class on the course date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall technical quality of the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For all sessions, please rate the following:**

	Excellent	Very Good	Good	Fair	Poor
The presenter's knowledge, preparedness, and communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of information presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Excellent	Very Good	Good	Fair	Poor
The overall value of the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What part of the course did you find most useful?**

**What aspects of the course could be improved?**

**How relevant is the material to your role?**

☐ Extremely relevant

☐ Very relevant

☒ Somewhat relevant

☐ Not so relevant

☐ Not at all relevant

**Which of the following best describes your primary role within your agency?**

☐ Conducting firearm background checks

☐ Conducting firearm related permit background checks

☐ Disposition of Firearms (return of confiscated firearm)

☐ Submitting to the NICS Indices

☐ Responding to NICS-related requests

☐ Other (please specify)

**Principal Purpose:** The purpose of this survey is to gather feedback regarding your experience with the NICS training session.

**Routine Uses:** All surveys will be maintained in accordance with the Privacy Act of 1974. Information on the form 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 FBI Central Records System (JUSTICE/FBI-002), published at 63 FR 8659, 671 (Feb. 20, 1998) and amended at 66 FR 8425 (Jan. 31, 2001), 66 FR 17200 (Mar. 29, 2001), and 82 FR 24147 (May 25, 2017). Routine uses may include sharing information with other local, state, tribal, territorial, or federal law enforcement agencies.

#### **Paperwork Reduction Act Burden Statement**



Under the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 1103-0117. It expires on 12/31/2024. The time required to complete this information collection is estimated to average approximately 3 minutes per response.

Done

Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to [nicstraining@fbi.gov](mailto:nicstraining@fbi.gov).