

[INSERT CLASSIFICATION/CONTROL MARKINGS, IF APPROPRIATE]

NAME OF INFORMATION COLLECTION REQUEST: Federal Firearms Licensee (FFL) Enrollment Form  
OMB CONTROL NUMBER (IF APPLICABLE): 1110-0026  
COMPONENT: DOJ FBI CJIS NICS

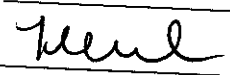
<b>COMPONENT PRA COORDINATOR</b> Name: Julian Lopez Office: Internal Policy Office Phone: 202-324-6696 Bldg./Room Number: JEH/9798 Email: jlopez4@fbi.gov	<b>PROGRAM MANAGER (OR PROGRAM MANAGER DELEGATE)</b> Name: Todd C. Commodore Office: NICS Phone: 304-625-2836 Bldg./Room Number: FBI CJIS NICS A3 Email: tccommodore@fbi.gov
<b>SENIOR COMPONENT OFFICIAL FOR PRIVACY (where applicable) OR COMPONENT PRIVACY POINT OF CONTACT</b> Name: Katherine Bond Office: Privacy and Civil Liberties Unit Phone: 304-625-3190 Bldg./Room Number: CJIS/C-3 Email kmbond@fbi.gov	

**ICR-PA Certification & Signature**

On behalf of my component, I certify that:

- (1) I have reviewed all collection instruments associated with this ICR;
- (2) I have completed the ICR-PA below for the collection instrument(s) associated with this ICR;
- (3) I have coordinated closely with the component PRA Coordinator and SCOP (or other appropriate component privacy representative) in assessing and answering each of the ICR-PA questions below;
- (4) To the extent the collection instrument(s) associated with this ICR require(s) a privacy-related notice(s), I have coordinated internally to ensure that the appropriate notice(s) has/have been drafted; that the notice(s) is/are conspicuous, salient, clearly labeled, and written in plain language; and that the notice(s) is/are appropriately displayed as required by law or policy; and
- (5) I will reassess the information in this ICR-PA, in accordance with the Department's ICR process, should the instrument(s) associated with this ICR materially change.

Program Manager Name: Todd C. Commodore

Program Manager Signature: 

Date signed: 5/5/2022

Please prepare the ICR-PA per the guidance provided in the questions on the template below. If the ICR contains multiple collection instruments an assessment should be completed for each instrument

[INSERT CLASSIFICATION/CONTROL MARKINGS, IF APPROPRIATE]

[INSERT CLASSIFICATION/CONTROL MARKINGS, IF APPROPRIATE]

ICR Instrument Name: Federal Firearms Licensee (FFL) Enrollment Form  
OMB Control Number (if applicable): 1110-0026

1. Which of the following describes the collection.

Electronic only.

Paper only.

Combination paper/electronic.

2. Does the ICR include a collection instrument (either physical or electronic)?

Yes. [If you marked "Yes," proceed to question 3].

No. [If you marked "No," STOP here. Additional privacy statements are not necessary for this collection].

3. Please indicate if any of the following characteristics apply to the information collected:  
(Check all that apply.)

The information directly identifies specific individuals.

The information is intended to be used, in conjunction with other data elements, to indirectly identify specific individuals.

The information can be used to distinguish or trace an individual's identity (i.e., it is linked or linkable to specific individuals).

[If you marked any of the above, proceed to question 4.]

None of the above.

[If you checked "None of the above," STOP here. Additional privacy statements are not necessary for this collection].

4. Is the component requesting an individual to disclose his/her Social Security Number (SSN)?

No. [If you marked "No," proceed to question 5].

Yes. [A SSN Statement may be required, pursuant to the Privacy Act. Coordinate with your SCOP to draft an appropriate statement. Proceed to the next questions to determine whether additional notifications are required].

[INSERT CLASSIFICATION/CONTROL MARKINGS, IF APPROPRIATE]

[INSERT CLASSIFICATION/CONTROL MARKINGS, IF APPROPRIATE]

5. Is the component collecting the information using an online interface (e.g., a webpage)?
- No. [If you marked "No," proceed to question 6].
- Yes. [A privacy notice may be required, pursuant to OMB M-17-06. Coordinate with your SCOP to draft an appropriate statement. Proceed to the next questions to determine whether additional notifications are required].
6. Will information about United States citizens or lawfully admitted permanent resident aliens be retrieved from the instrument by a personal identifier (e.g., by name)?
- No. [If you marked "No," STOP here. Additional privacy statements are not necessary for this collection, **but you may have additional privacy-related requirements beyond those discussed in this ICR-PA. Consult your SCOP to identify additional privacy-related requirements, if any.**]
- Yes. [If you marked "Yes," proceed to question 7].
7. Is there an existing Privacy Act System of Records Notice (SORN) that has been published in the Federal Register that will sufficiently cover this new collection? (Please consult with your component's SCOP, Privacy Act officer, General Counsel, or OPCL if assistance is needed in responding to this question.)
- No. [If you marked "No," contact your SCOP/OPCL. An accurate SORN must be published before a component may collect this information].
- Yes. [If you marked "Yes," proceed to question 8].
8. Does the existing SORN properly reflect this new information to be collected? (Please consult with your component's SCOP, Privacy Act officer, General Counsel, or OPCL if assistance is needed in responding to this question.)
- No. [If you marked "No," contact your SCOP/OPCL. An accurate SORN must be published before a component may collect this information].
- Yes. [A Privacy Act Statement may be required, pursuant to the Privacy Act. Coordinate with your SCOP to draft an appropriate statement].

[INSERT CLASSIFICATION/CONTROL MARKINGS, IF APPROPRIATE]