



MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
National Instant Criminal Background Check System (NICS)
Entry Form



The following information is provided to the Mississippi Department of Public Safety/Mississippi Criminal Information Center by the Court listed below as required by MCA§ 9-1-49.

- Initial entry of “Federal Prohibited Person” Information for NICS exclusion (*ADD*)
- Correction of “Federal Prohibited Person” Information for NICS exclusion (*CORRECT*)
- Person restored to reason or enters an order of relief from a firearms disability (*REMOVE*)

Name of Court providing “Federal Prohibited Person Information”:	Originating Agency Identifier (ORI):
Name & Title of Person Submitting:	Court Telephone Number:

****The following information is required****

Complete Name: (<i>Federal Prohibited Person – Exact Spelling</i>)		Court Case/Cause Number:
Sex: (Select One)	Race: (Select One)	Date of Birth (MM/DD/YYYY):
Federal Prohibited Person Information that is the basis of this report:		
All Known Alias and Other Information:		

**** At least one of the individual’s numbers listed below is required for proper identification. ****

Social Security Number:	Driver’s License Number:	State Identification Card Number:
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This report is used to provide the Mississippi Department of Public Safety with information as required by §9-1-49 of the Mississippi Code as Annotated 1972 regarding the reporting of concerning persons with access to firearms. I hereby attest by my signature that information contained herein is complete and true.

Court Clerk/Judge: (<i>Circle One</i>)	
Name: (Please Type) _____	
Signature: _____	Date: _____

Mail or Fax Completed Form to:

Criminal Information Center
 Attn: NICS
 3891 Highway 468 W Pearl, MS 39208
 Telephone: 601-933-2600 Fax 601-933-2677