

FORM FIST-1

U.S DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS (BJS)
(REJIS ACTING AS DATA COLLECTION AGENT)

2019/2020 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.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| OFFICIAL AGENCY NAME <i>(If different from above)</i> | |
| 9-DIGIT NCIC-ORI NUMBER | |
| PERSON COMPLETING THE FORM | |
| NAME | TITLE |
| TELEPHONE | FAX |
| E-MAIL ADDRESS | |
| RETURN INSTRUCTIONS | |
| <ul style="list-style-type: none"> • Please submit your completed form by using the web reporting option at rejis.org/FIST, 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. • Please retain a copy of your completed survey for 1 year. | |
| Burden Statement | |
| <p>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.</p> | |
| INSTRUCTIONS FOR COMPLETING THE FORM | |
| <ul style="list-style-type: none"> • Please mark 'X' in the appropriate boxes. • If possible, please answer all questions for the entire calendar years (January through December) 2019 & 2020. 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. <u>Please respond with zero only when the actual total reported count is zero, as opposed to when the data are not known or unavailable.</u> • 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. | |

Section I –APPLICATIONS AND DENIALS

How many Point of Transfer firearm applications were **recorded or retained** by your agency for the following periods: *(Please make an estimate if the exact counts of applications are not known.)*

1. Between January 1, **2020** and December 31, **2020**:

Mark 'x' if estimate

2020 Applications

1a. Between January 1, **2019** and December 31, **2019**:

Mark 'x' if estimate

2019 Applications

1b. How many of the **2020 Applications** were for:

Handguns

Long Guns

Both Handguns and Long Guns

1c. How many of the **2019 Applications** were for:

Handguns

Long Guns

Both Handguns and Long Guns

How many Point of Transfer firearm applications were **denied** during the following periods: (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 -- *Please make an estimate if the exact counts of denials are not known.*)

2. Between January 1, **2020** and December 31, **2020**:

Mark 'x' if estimate

2020 Denials

2a. Between January 1, **2019** and December 31, **2019**:

Mark 'x' if estimate

2019 Denials

2b. How many of the **2020 Denials** were for:

Handguns

Long Guns

Both Handguns and Long Guns

2c. How many of the **2019 Denials** were for:

Handguns

Long Guns

Both Handguns and Long Guns

3. Does your agency **record** the reason(s) why an application was denied? *(Please indicate "Yes" if your agency had zero denials in 2019 or 2020, but you would record 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 6)*

4. What is recorded for the reason(s) why an application was denied?

All reasons for denial are **recorded**

Only the first reason found during the background check is **recorded**

Only the most serious charge listed on the criminal history is **recorded**

Other method of **recording** *(Please explain below or in Comments section.)*

Don't know

5. For denials recorded in 2020, 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.

| | Transfers | Mark 'x' if estimate |
|-------------------------------------------------------------------------------------------|-----------|--------------------------|
| a. Felony indictment or charge..... | | <input type="checkbox"/> |
| b. Felony conviction..... | | <input type="checkbox"/> |
| c. Felony arrest with no disposition..... | | <input type="checkbox"/> |
| d. Fugitive or outstanding warrant..... | | <input type="checkbox"/> |
| e. Domestic violence misdemeanor..... | | <input type="checkbox"/> |
| f. Domestic violence, protective or restraining order..... | | <input type="checkbox"/> |
| g. Addicted to or unlawful user of a controlled substance..... | | <input type="checkbox"/> |
| h. Mental health commitment or adjudication..... | | <input type="checkbox"/> |
| i. Illegal or unlawful alien..... | | <input type="checkbox"/> |
| j. State law prohibitor (if not included in above categories)..... | | <input type="checkbox"/> |
| k. Local law prohibitor (if not included in above categories)..... | | <input type="checkbox"/> |
| l. Other reasons not included above (including juveniles and dishonorable discharge)..... | | <input type="checkbox"/> |

5a. For denials recorded in 2019, 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.

| | Transfers | Mark 'x' if estimate |
|-------------------------------------------------------------------------------------------|-----------|--------------------------|
| a. Felony indictment or charge..... | | <input type="checkbox"/> |
| b. Felony conviction..... | | <input type="checkbox"/> |
| c. Felony arrest with no disposition..... | | <input type="checkbox"/> |
| d. Fugitive or outstanding warrant..... | | <input type="checkbox"/> |
| e. Domestic violence misdemeanor..... | | <input type="checkbox"/> |
| f. Domestic violence, protective or restraining order..... | | <input type="checkbox"/> |
| g. Addicted to or unlawful user of a controlled substance..... | | <input type="checkbox"/> |
| h. Mental health commitment or adjudication..... | | <input type="checkbox"/> |
| i. Illegal or unlawful alien..... | | <input type="checkbox"/> |
| j. State law prohibitor (if not included in above categories)..... | | <input type="checkbox"/> |
| k. Local law prohibitor (if not included in above categories)..... | | <input type="checkbox"/> |
| l. Other reasons not included above (including juveniles and dishonorable discharge)..... | | <input type="checkbox"/> |

(After answering this question, skip to question number 7)

