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FOI/PA# 20-cv-206

Total Deleted Page(s) = 4
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Page 10 ~ Duplicate;

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From: [redacted]
Subject: NICS self submission form
To: [redacted]
Cc: [redacted]
Sent: March 30, 2018 5:00 PM (UTC-04:00)
Attached: [redacted] NICS Form.pdf

b6 per USSS
b7C per USSS

b6 -1, 3
b7C -1, 3

Good evening [redacted]

Attached is a NICS self-submission form for [redacted] (DOB: [redacted]). His USSS case number is 127-679-0044105.

b6 -3
b7C -3

If you have any questions, please let us know.

Thank you,

[redacted]

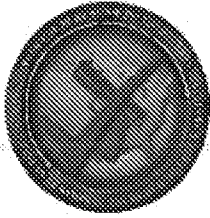
[redacted]

Supervisory Protective Intelligence Research Specialist
U.S. Secret Service
Protective Intelligence Division

b6 per USSS
b7C per USSS

[redacted] (Office)
[redacted] (Mobile)

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NICS Indices Self-Submission Form

(You must SIGN this form in the presence of a licensed physician or a licensed mental-health professional)

Please clearly print your full legal name on the line immediately below:

I, [redacted], voluntarily request permanent entry into the NICS Indices of the FBI's Criminal Justice Information Services (CJIS) Division's National Instant Criminal Background Check System (NICS). I UNDERSTAND THAT COMPLETION & SUBMISSION OF THIS FORM WILL RESULT IN DENIAL OF MY RIGHT TO PURCHASE, TO POSSESS AND TO USE ANY FIREARM. In addition, I understand that once I am in the NICS Indices, I may not be permitted to withdraw my name or information from the NICS Indices.

b6 -3
b7C -3

Please provide the following information about yourself (print clearly): (*required fields)

Any other names ever used:

*Date of Birth: [redacted] Place of Birth: [redacted]

Social Security Number [redacted] *Sex (circle) M F

Height [redacted] Weight [redacted] Race [redacted]

b6 -3
b7C -3

I have a mental-health condition that may cause me to: (check all that apply):

be a danger to myself or to others
 lack mental capacity adequately to contract or manage the details of my life

BY SIGNING THIS FORM, I AUTHORIZE DISCLOSURE OF MY MENTAL HEALTH RECORDS TO THE FBI NICS SECTION AND I WAIVE MY RIGHTS TO PRIVACY UNDER THE PRIVACY ACT OF 1974, THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA) AND OTHER PERTINENT PROVISIONS OF LAW IN RELATION TO A NICS BACKGROUND CHECK FOR FIREARMS PURCHASE, POSSESSION AND/OR USE, AND TO THIS VOLUNTARY REQUEST FOR MY ENTRY INTO THE NICS INDICES

b6 -3
b7C -3

My signature: X [redacted signature]

Date: 3/30/19

VERIFICATION OF PHYSICIAN OR MENTAL-HEALTH PROFESSIONAL

By my signature below, I verify that I am a licensed physician or licensed mental-health professional who has examined the person whose signature appears above and that, in my professional opinion, he/she understands this form and has adequate mental capacity voluntarily to execute this document. I also verify that the person whose signature appears above signed this document in my presence

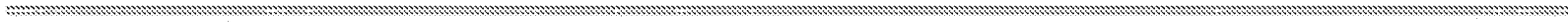
b6 -4
b7C -4

[redacted signature] Printed name & title State of licensure & license number

Business address: [redacted]

Telephone: [redacted] Fax: [redacted]

E-mail form and supporting documentation to NICSIndexSubExternal@fbi.gov, then promptly mail the original to: FBI, 1000 Custer Hollow Rd., Clarksburg WV 26306-0001, ATTN: NICS Liaison Specialist. Questions call (844) 265-6716.



From: [redacted]
Subject: NICS self submission form
To: [redacted]
Cc: [redacted]; r3
Sent: March 30, 2018 5:07 PM (UTC-04:00)
Attached: [redacted] NICS Form.pdf

b6 per USSS
b7C per USSS

b6 -1,3
b7C -1,3

Good evening,

Attached is a NICS self-submission form for [redacted] (DOB: [redacted]). His USSS case number is 127-679-0044105.

b6 -3
b7C -3

If you have any questions, please let us know.

Thank you,

[redacted]

[redacted]
Supervisory Protective Intelligence Research Specialist
U.S. Secret Service
Protective Intelligence Division
[redacted] (Office)
[redacted] (Mobile)

b6 per USSS
b7C per USSS

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From: [redacted]
Subject: NICS Entry
To: [redacted]
Cc: [redacted]
Sent: June 4, 2018 10:59 AM (UTC-04:00)
Attached: [redacted] NICS FORM.pdf

b6 per USSS
b7C per USSS

b6 -1,3
b7C -1,3

Could you please enter [redacted] into NICS and advise me when it has been entered.

b6 -3
b7C -3

Thank you

SPIRS [redacted]
Region #3
[redacted]

b6 per USSS
b7C per USSS

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From: [redacted]
Subject: NICS form
To: [redacted]
Sent: March 26, 2019 11:33 AM (UTC-04:00)
Attached: 2019_03_26_11_31_51.pdf

b6 per ICE
b7C per ICE

b6 -1
b7C -1

Hi [redacted]

Please see attached signed form.

Respectfully,

[redacted]
617 [redacted]

b6 per ICE
b7C per ICE

From: [redacted]
Subject: RE: NICS form
To: [redacted]
Sent: March 26, 2019 11:43 AM (UTC-04:00)

b6 -1
b7C -1

b6 per ICE
b7C per ICE

Entered.

[redacted]

Liaison Specialist
NICS Business Relations Team
NICS Section
FBI CJIS Division
PH: (304) 625-7399 Fax: (304) 625-2356
Email: [redacted]

b6 -1
b7C -1
b7E -1

Confidentiality Statement:

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From: [redacted]@ice.dhs.gov>
Sent: Tuesday, March 26, 2019 11:33 AM
To: [redacted]
Subject: NICS form

b6 per ICE
b7C per ICE

Hi [redacted]

b6 -1
b7C -1
b7E -1

Please see attached signed form.

Respectfully,

[redacted]
617-[redacted]

b6 per ICE
b7C per ICE

From: [redacted]
Subject: RE: NICS form
To: [redacted]
Sent: March 26, 2019 11:43 AM (UTC-04:00)

b6 per ICE
b7C per ICE

b6 -1
b7C -1

Awesome!

From: [redacted]
Sent: Tuesday, March 26, 2019 11:43 AM
To: [redacted]@ice.dhs.gov>
Subject: RE: NICS form

b6 -1
b7C -1
b7E -1

b6 per ICE
b7C per ICE

Entered.

[redacted]
Liaison Specialist
NICS Business Relations Team
NICS Section
FBI CJIS Division
PH: (304) 625-7399 Fax: (304) 625-2356
Email: [redacted]

b6 -1
b7C -1
b7E -1

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From: [redacted]@ice.dhs.gov>
Sent: Tuesday, March 26, 2019 11:33 AM
To: [redacted]
Subject: NICS form

b6 per ICE
b7C per ICE

b6 -1
b7C -1
b7E -1

H [redacted]

Please see attached signed form.

Respectfully,

[redacted]
617 [redacted]

b6 per ICE
b7C per ICE