

HOW TO REQUEST INFORMATION REGARDING YOUR DENIAL

NTN: _____
NICS Transaction Number

STN: _____
STATE Transaction Number

Name: (please print) _____

Address: _____

Signature: _____

Pursuant to the Brady Handgun Violence Prevention Act, a background check was performed to determine your eligibility to purchase a firearm. Utilizing the identifiers provided by you, it has been determined that possession of a firearm would violate State or Federal law. If you wish to receive information regarding the reason supporting this decision, the following procedure must be followed.

1. At the top of this form, reference the two control numbers provided by the gun dealer.
2. Include your complete mailing address in the space provided at the top of this form.
3. Mail the completed form to:

Department of Public Safety
Records and Technology Division
Special Services Section
Nevada Point-of-Sale Firearms Program
333 W. Nye Lane, Suite 100
Carson City, Nv 89706

Or fax the form to:

775-684-6266

A response will be returned to you by mail within five working days of the receipt of your request. This response will contain information explaining your statutory right to challenge and correct any information that may be in error.