# NEW NICS CHECK INFORMATION SHEET

FIRST: _____ MIDDLE: _____ LAST: _____

DOB: _____

GENDER: _____ HGT: _____ WGT: _____ RACE: _____ ETHNICITY: _____

(WHITE, ASIAN, UNKNOWN,        (HISPANIC / NON)
BLACK/AFRICAN AMERICAN,
HISPANIC/LATINO,
AMERICAN INDIAN/ALASKAN NATIVE,
NATIVE HAWAIIAN/PACIFIC ISLANDER)

MILITARY STATUS: _____ ALIASES/MAIDEN NAME: _____

(HONORABLY DISCHARGE,
ACTIVE DUTY, NEVER JOINED,
DISHONORABLY DISCHARGED)

PLACE OF BIRTH: _____ OCCUPATION: _____

(COUNTRY, STATE & CITY)

NYS DRIVER'S LICENSE #: _____ US CITIZEN (Y/N): _____ SS#: _____

STREET ADDRESS: _____

COUNTY: _____ RESIDE IN CITY LIMITS (NYC RESIDENTS ONLY): _____

(Y/N/UNK)

EMAIL ADDRESS: _____ PHONE #: _____

U-PIN NUMBER: _____

(IF APPLICABLE)