1-783 (Rev. 12-31-2022) OMB-1110-0043 Expiration: 12/31/2025

Voluntary Appeal File (VAF) Application Form

You may apply electronically by visiting https://www.edo.cjis.gov or you may complete the following application. The VAF is offered for those who want the FBI to maintain information about themselves to avoid extended delays or erroneous denials with future firearm transfers. The submission of fingerprints is REQUIRED to process all VAF applications. Additionally, if a VAF application is being submitted by an attorney on behalf of their client, an Authorization to Release form MUST accompany the VAF application. The Authorization to Release form, a downloadable fingerprint card and/or additional VAF information can all be found at https://www.edo.cjis.gov.

APPLICANT'S INFORMATION *	Denotes Required Fields			
*Last Name:	*First Name:			
Middle Name:				Suffix:
*Date of Birth:	*Place of Birth:		*State of Residence:	
*Country of Citizenship:	Social Security Number:		Miscellaneous Number (Driver's License, Military ID):	
Alien or Admissions Number (*	mandatory if Country of C	Citizenship	is other than U.S.):	
*Race (please check appropriate box):				
☐ Asian or Pacific Islander ☐	Black White 2	American I	ndian or Native Alaskan	Unknown
*Ethnicity (please check appropriate box):			*Sex (please check appropriate box):	
☐ Hispanic or Latino ☐ Not Hispanic or Latino			☐ Male ☐ Female ☐ Other	
APPLICANT'S ADDRESS				
*Address:	_			
*City:		*State:		
*Postal (Zip) Code:		*Country:		
Phone Number:		E-Mail:		
APPLICANT'S STATEMENT: I give documentation provided therewith, vo VAF maintained by the National Insta Services (CJIS) Division. I further vo any research information relevant to a from the VAF, I can make such a required disqualifying record is discovered after the variable.	luntarily with the understar nt Criminal Background Cl luntarily consent that the F. he approval of my VAF app est in writing to the FBI's C	nding that ij heck System BI may reta plication. I JIS Divisio	f my application is appro Section of the FBI's Cr. in my application, any s further understand if, at in, at the address below.	oved, I will be entered into the iminal Justice Information supporting documentation, and tany time, I wish to be removed I also understand if a

National Instant Criminal Background Check System Post Office Box 4278 Clarksburg, West Virginia 26302-9922

If this form does not include your signature, your VAF application cannot be processed. You may mail the signed VAF

application, completed fingerprint card, and any supporting documentation to the following address:

DATE

PRIVACY ACT STATEMENT

*APPLICANT'S SIGNATURE

Authority: The collection of information on this form is authorized by 28 CFR 25.10(g).

Principal Purpose: The principal purpose of collecting the requested information is to allow the FBI to maintain information about you in the Voluntary Appeal File (VAF) for the purpose of preventing the future erroneous denial or extended delay by the National Instant Criminal Background Check System (NICS) of a transfer of a firearm, explosive, or associated permit. You do not have to provide the requested information to the FBI; however, failure to provide the requested information will result in the FBI's inability to retain your information in the VAF which may, in turn, result in a future erroneous denial or extended delay of a transfer of a firearm, explosive, or associated permit.

Social Security Account Number (SSAN): Your SSAN is requested to keep records accurate because other people may have the same name and date of birth. Your SSAN will be used to verify your identity. You are not required to provide your SSAN and failure to provide your SSAN will not result in a denial of your VAF application. However, failure to provide your SSAN may result in an increase of time to process your VAF application or requests for additional information to verify your identity.

Routine Uses: During the processing of your application and for as long thereafter as your information is retained in the VAF, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by 28 CFR Part 25, and applicable routine uses as set forth in the System of Records Notice for the NICS, DOJ/FBI-018, 63 FR 65223 (Nov. 25, 1998), as amended at 65 FR 78190 (Dec. 14, 2000), 66 FR 6676 (Jan. 22, 2001), 66 FR 8425 (Jan. 31, 2001), 66 FR 12959 (Mar. 1, 2001), and 82 FR 24147 (May 25, 2017). Routine uses include, but are not limited to, disclosures to local, state, tribal, and territorial criminal justice agencies to determine whether transferring a firearm, explosive, or related permit to you is prohibited by state or federal law or whether to grant or deny an appeal from a NICS transaction; and to courts or adjudicative bodies for the purposes of resolving litigation or anticipated litigation.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0043. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department of Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530