

APPENDIX B

Account Information Form



Tennessee Bureau of Investigation Instant Check System Account Information Form



Federal Firearms License Number _____
(A segment of this number changes every three years. If your license expires, an entirely new number may be assigned by the ATF.)

Password _____
(Minimum of 6 and maximum of 8 alpha and/or numeric characters - No profanity)

Name of Owner/Operator _____

Business Name on License _____

Business Address _____

Business Phone Number _____
(Primary Number) (Secondary Number)

Business Fax Number _____
(Only if different from your phone number and on a direct line.)

E-mail Address _____

Business Hours _____
(TICS' hours of operation are: 8am-10pm, seven days per week.)

Days Closed _____
(TICS is closed on July 4th, Thanksgiving and Christmas days only.)

Holidays Closed _____

Billing Address _____
(If different from business address)

IMPORTANT: Attach a legible copy of your federal firearms license to this form to verify your eligibility to establish an account. All information should be typed or legibly printed in black ink. Illegible information will cause rejection of the form.

Signature of Licensee _____
BI-0162

Date _____

RDA
PENDING