

# Exhibit A

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October 4, 2019

via FBI eFOIPA portal

Federal Bureau of Investigation  
Attn: FOI/PA Request  
Record/Information Dissemination Section  
170 Marcel Drive  
Winchester, VA 22602-4843

Re: **FREEDOM OF INFORMATION ACT (FOIA) REQUEST**  
**of Gun Owners of America**

Dear Sirs:

We represent Gun Owners of America (“GOA”), and submit this Freedom of Information Act (“FOIA”) request on its behalf to the Federal Bureau of Investigation (“FBI”).

GOA is a nonprofit social welfare organization exempt from federal income tax under section 501(c)(4) of the Internal Revenue Code. GOA’s tax-exempt mission and purposes include educating the public and conducting activities in defense of the Second Amendment and the right to keep and bear arms. GOA’s principal office is located at 8001 Forbes Place, Suite 202, Springfield, Virginia 22151. (For further information on GOA, please see <https://gunowners.org>.)

**Record Request**

Pursuant to the FOIA, 5 U.S.C. section 552, we hereby request copies of records within the possession or control of the FBI related to an FBI document entitled “**NICS Indices Self-Submission Form**” (scanned copy attached).

Specifically, we seek the following records (including, but not limited to):

- (a) a copy of this document, along with any other documents, instructions, or guidance that may accompany this document;
- (b) records regarding the origin of this document, and information related to its use by FBI personnel;

- (c) records regarding other government agencies or entities that have been asked to use or have used this document;
- (d) records relating to any stated constitutional or legal basis or other justification for this document, and/or explaining why it was created;
- (e) records regarding the process by which the names of persons who sign this document are entered to the NICS system;
- (f) records regarding situations where the FBI, ATF, or other agency has knowledge that a person has **not** been “adjudicated” mentally defective or “committed” to a mental institution, but **nevertheless submits** their information to NICS as a prohibited person on the basis of their having signed this document; and
- (g) records relating to **either** the number of persons who have been submitted to NICS pursuant to this document **or**, if not available, then copies of all signed documents (with identifying information redacted).

Please mail the documents to the following address:

Robert J. Olson, Esquire  
William J. Olson, P.C.  
370 Maple Ave W., Suite 4  
Vienna, VA 22180-5615

### **Fee Waiver Request**

We request that the search, review, and copying fees be waived as provided under section 5 U.S.C. § 552(a)(4)(A) and 28 CFR 16.10(k). GOA is a nonprofit organization seeking the requested documents to educate the public on a matter of public importance, by releasing information that — in addition to contributing to public understanding on the workings of government — may have great effect on substantive policy discussions relating to the exercise of citizens’ rights.

The fees should be waived because release of the requested documents is in the public interest, and the requested information is likely to contribute significantly to public understanding of the operations or activities of the government.

The release of the requested documents is not primarily for any commercial interest or purpose, including any commercial interest of GOA. GOA intends to disseminate to the general public, free of charge, any important information it obtains as a result of this request.

If GOA’s waiver request is denied, we would appreciate an estimate of the costs involved in procuring any of the requested documents if such costs exceed \$250. If the costs do not exceed \$250, however, we do not need an estimate, and we will guarantee payment.

We would request that the 20-day response time imposed by 5 U.S.C. § 552(a)(6)(A)(i) and 28 CFR 16.6(b) be adhered to strictly. We look forward to hearing from you within 20 business days.

Thank you for your prompt attention to this request.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Rob Olson", written in a cursive style.

Robert J. Olson

RJO:ls

cc: Gun Owners of America

Attachment



**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, \_\_\_\_\_, 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.**

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

Any other names ever used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex (circle) M F

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

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 INDEX.**

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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.

Signature of professional \_\_\_\_\_ Printed name & title \_\_\_\_\_ State of licensure & license number \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail form and supporting documentation to [NICSIndexSubExternal@fbi.gov](mailto: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.