

Training Registration Request for Non-ATF Employees

Course of Interest				
Course ID		Course Title		
Participant Information				
Name (<i>Last, first, middle initial</i>)		Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Rank/Title
Department/Agency Name		Agency Type (<i>Please check one</i>) <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> International Law Enforcement <input type="checkbox"/> State <input type="checkbox"/> Military		
Department/Agency Address (<i>Number, street, city, State, and zip code</i>)			Participant's E-mail Address	
Office Telephone Number (<i>Including area code</i>)		Fax Telephone Number (<i>Including area code</i>)		Length of Time in Public Service
Supervisor's Name	Supervisor's Signature		Supervisor's E-Mail Address	Telephone Number (<i>Including area code</i>)

Briefly Describe Your Area of Responsibility and Duties

For Explosives, Arson, or International Training, Please Mail or Fax This Form To:

The National Center for Explosives Training and Research
800 K Street NW., Suite 600
Washington, DC 20001
Contact Number: (202) 927-7580 Fax: (202) 927-3179

For Other Advanced Training Programs, Please Mail or Fax This Form To:

Advanced Firearms and Operations Training Division
800 K Street, NW., Suite 810
Washington, DC 20001
Contact Number: (202) 927-7673 Fax: (202) 927-7624

For Students Interested in the National Firearms Examiner Academy, Please Use ATF E-Form 6330.1.

Privacy Act Information

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, relative to the collection of information from prospective students to attend the ATF Training.

1. Authority. Sections 1302 3301, 3304, and 7201 of Title 5, United States Code, 42 U.S.C. 4222; 5 U.S.C. 301; and 46 F.R. 16586.
2. Purpose. To obtain information from Federal, State and local, military and international law enforcement personnel making application for training conducted by ATF for the purpose of student registration, program information, and program evaluation.
3. Routine Uses. Disclosure upon request to the individual, to the individual's parent agency, or to any other individual or agency at the request of the individual to ATF or other government officials is on a need to know basis.
4. Effects of Nondisclosure. Disclosure of your social security number, which is solicited under the authority of Executive Order 9367, is also voluntary and no right, benefit, or privilege by law will be denied as a result to disclose it. Not providing all or any part of the requested information may result in the applicant not being registered for the requested program.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to attend ATF training.

The estimated average burden associated with this collection is 6 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.