**U.S. Department of Justice**Bureau of Alcohol, Tobacco, Firearms and Explosives

## **Police Check Inquiry**

OMB NO: 1140-0068 (

	ust be completed site, for the purp					lities, access to	ATF unsensitive	informati	on, and/or an	ATF
	of the following			Vendo		Other				
				o be Co	mpleted by S	Subject				
2. Last Name			3. First Name 4. Middle			Jame 5. Social Securit		cial Security N	umber	
6. Date of Birth 7. Place of Birth (State			ate/Country)  8. Citizes		8. Citizens	ship		9.	Sex	
10. Other Na	mes Used (Maiden	, Nickname, etc) 11	. If foreign born, p U.S. passport, or Type		• •		e following: alien  Number	registratio	n, naturalization	certificate,
12. Home A	ddress (provide r	esidential history	for past 5 years-	-use addi	itional sheet(	(s) if necessary)				
From:	То:	Address					City	City		State
From:	To: Addres		ress			City	City			
From:	To:	Address		City			City	,		State
From:	To:	Address	ress			City	City			
From:	То:	Address	Address					State		
13. Employ	ment History (for	past 5 years-use	additional sheets	s(s) if ne	cessary)		·			·
From:	: To: Employ		oloyment Name		Address		C	City		State
From:	n: To: Employ.		ployment Name		Address		С	City		State
From:	m: To: Emplo		mployment Name		Address		C	City		State
From:	om: To: Employ		mployment Name		Address		С	City		State
From:	m: To: Emplo		mployment Name		Address		C	City		State
14. Mark or	ne or More of the	Following Categor			I		·			
American In	dian or Alaska Na	ative	America),	and who	maintains tr	ibal affiliations	oples of North a or community at	tachment		
Asian			Subcontine	ent, inclu		mple, Cambodia	eoples of the Far , China, India, J			
Black or Afr	ican American		A person h	naving or	rigins in any	of the black, Ha	itian, or Negro ra	acial grou	ps of Africa.	
Hispanic or	Latino				an, Puerto R		uth or Central Ar	nerican, o	or other Spanis	h
Native Hawa Pacific Island	niian or Other d		A person h Islands.	naving or	rigins in any	of the original p	eoples of Hawaii	i, Guam,	Somoa, or othe	er Pacific
White			A peson having origins in any of the original peoples of Europe, the Middle East, or North Africa.							
construction cation from	police check inquisite. I understand consideration to particularly background	niry for the purpod that a felony material form work in A	ay automatically ATF facilities or a	cess to A disqualif access to	TF facilities fy me. Any i ATF unsensi	and/or access to ncident(s) involv tive data. I unde	ATF unsensitive	e informa explosive	tion, or access s are grounds	to an ATF for disqualifi-
Signature	- <b>-</b>	<u> </u>							Date:	
									ATTE T	0.620 42

	To be Completed by COTR/ATF POC	
15. Subject's assigned ATF office	16. Subject's ATF Job Title	17. Assignment Duration Dates
		Beginning Ending
18. Subject's duties will require the following a	access:	
	Escorted Facilities ATF Unsensitive Information	ion Construction Site
19. COTR/POC Name	20. COTR/POC Address	21. Phone Number
22. Signature	·	23. Date
24. See Remarks		
To be Con	npleted by the Physical Security Programs Branch/Field D	Division
25. NCIC Conducted: 26. TECS Conducted	d: 27. State(s):///	N/R R
/	// 1	N/R R
N/R R N/R R	// 1	N/R R
	//1	N/R R
28. Allied Nations Policy: N/A	Compliant Non-Complian	nt
29. Residency Requirement: N/A	Compliant Non-Complian	nt
Access Granted Authorized Signatu	ure Title	Date
Access Denied		
	OTR or ATF Point of Contact (POC) prior to granting escorte tort-term construction contractors who may be performing ele	
	esponsible for conducting the required records and inquiry ch	

Instructions

Items 1-14. Applicant contractors are responsible for completion of items 1 through 14 in their entirely. No item may be left unanswered.

Items 15-24. To be completed by COTR or ATF POC.

Items 15. Please include both branch or division and physical location. (for example: Phoenix FD, Denver Field Office; or ISD, Software Mgt Branch, BHO)

Item 16. Describe the job the contractor is to perform.

Items 25-29. To be completed by the Physical Security Programs Branch or Field Division.

## **Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is used by ATF to screen prospective contractors for escorted access to ATF facilities and/or unsensitive information.

The estimate average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Report Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

## **Privacy Act Statement**

You are requested to furnish information regarding your race under the authority of 42 USC § 2000e - 16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

You are further requested to furnish your social security number (SSN) under authority of E.O. 9397, published 11/22/1943. That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of records. Your race, as well as your SSN will be used as a means to positively identify you in the Federal criminal justice records system.

Your furnishing your race and SSN is voluntary; however, your failure to provide the requested information may negatively impact ATF's ability to positively identify you in the Federal criminal justice records system.

Solicitation of this information is authorized as part of our investigative authorities devolving from E.O. 10450 and E.O. 12968. This information will be used by ATF to begin preliminary screening/investigation for security and/or suitability purposes.