

## Police Check Inquiry

This form must be completed by all individuals requiring escorted access to ATF facilities, access to ATF unsensitive information, and/or an ATF construction site, for the purpose of performing Low Risk-Nonsensitive duties.

1. Mark one of the following: Contractor  Vendor  Other  \_\_\_\_\_

**To be Completed by Subject**

2. Last Name		3. First Name		4. Middle Name		5. Social Security Number	
6. Date of Birth		7. Place of Birth (State/Country)		8. Citizenship		9. Sex	
10. Other Names Used (Maiden, Nickname, etc)		11. If foreign born, provide the type and number for one of the following: alien registration, naturalization certificate, U.S. passport, or employment authorization card.				Number	
		Type					

12. Home Address (provide residential history for past 5 years-use additional sheet(s) if necessary)

From:	To:	Address	City	State

13. Employment History (for past 5 years-use additional sheets(s) if necessary)

From:	To:	Employment Name	Address	City	State

14. Mark one or More of the Following Categories

American Indian or Alaska Native	<input type="checkbox"/>	A person having origin in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment.
Asian	<input type="checkbox"/>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American	<input type="checkbox"/>	A person having origins in any of the black, Haitian, or Negro racial groups of Africa.
Hispanic or Latino	<input type="checkbox"/>	A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
Native Hawaiian or Other Pacific Island	<input type="checkbox"/>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	<input type="checkbox"/>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I, \_\_\_\_\_, give my consent and permission for the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) to conduct a police check inquiry for the purpose of escorted access to ATF facilities and/or access to ATF unsensitive information, or access to an ATF construction site. I understand that a felony may automatically disqualify me. Any incident(s) involving firearms or explosives are grounds for disqualification from consideration to perform work in ATF facilities or access to ATF unsensitive data. I understand that additional forms may be required by ATF for a more in-depth background investigation. I attest that the information provided is true.

Signature	Date:
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**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 access: Escorted Facilities <input type="checkbox"/> ATF Unsensitive Information <input type="checkbox"/> Construction Site <input type="checkbox"/>		
19. COTR/POC Name	20. COTR/POC Address	21. Phone Number
22. Signature		23. Date
24. See Remarks <input type="checkbox"/>		

**To be Completed by the Physical Security Programs Branch/Field Division**

25. NCIC Conducted: ____/____/____ N/R <input type="checkbox"/> R <input type="checkbox"/>	26. TECS Conducted: ____/____/____ N/R <input type="checkbox"/> R <input type="checkbox"/>	27. State(s): ____/____/____/____ N/R <input type="checkbox"/> R <input type="checkbox"/> ____/____/____/____ N/R <input type="checkbox"/> R <input type="checkbox"/> ____/____/____/____ N/R <input type="checkbox"/> R <input type="checkbox"/> ____/____/____/____ N/R <input type="checkbox"/> R <input type="checkbox"/>	
28. Allied Nations Policy:	N/A <input type="checkbox"/>	Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	
29. Residency Requirement:	N/A <input type="checkbox"/>	Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	
Access Granted <input type="checkbox"/> Access Denied <input type="checkbox"/>	Authorized Signature	Title	Date

ATF Form 8620. 42 should be initiated by the COTR or ATF Point of Contact (POC) prior to granting escorted access to ATF facilities. Examples of positions that could be escorted are janitorial, short-term construction contractors who may be performing electrical or plumbing duties. The Physical Security Programs Branch or Field Division is responsible for conducting the required records and inquiry checks. The Physical Security Programs Branch or the Field Division is also responsible for ensuring that individuals are in compliance with the Allied Nations and residency policies.

**Instructions**

Items 1-14. Applicant contractors are responsible for completion of items 1 through 14 in their entirety. 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, BHQ)

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.