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

## **Application for National Firearms Examiner Academy**

Name	Home Address	S		Date of Birth	Social Security Number		
Agency Name	Agency Addre	ess			Agency Telephone Number		
E-Mail Address	Present Positio	on Title		Start Date as Examin		er Trainee	
Are you a U.S. Citizen? Yes	Are you a Permanent Resident Alien? Yes (If yes, submit documentation to prove your status.)						
Name of Immediate Supervisor Supe		upervisor's E-	ervisor's E-mail Address		Immediate Supervisor's Telephone Number		
Previous Educational Experience (App. course work in physical science, nature or related field.)							
College or University			Major		Degree	Year	
Are You Assigned to A Training Officer? If Yes, Name.			How Many	How Many Trainees for Your Position Are Presently in Your Lab?			
How Many Qualified Full-time Firearms Examiners Are in Your Lab?			b? Are You C	Are You Currently Following A Training Syllabus? If Yes, Which One.			
Related Occupational Experience							
Applicant's Signature Date		Date	Supervisor's Signature			Date	
Please mail or fax this form to:  National Firearms Examiner Academy National Laboratory Center 6000 Ammendale Road Ammendale, MD 20705-1250 Contact Number: (202) 648-6060 Fax Number: (202) 648-6065							

**Privacy Act Information** 

- 1. **Purpose**. The information requested on this form is necessary to process requests from prospective students to attend the ATF National Firearms Examiner Academy and to acquire firearms and toolmark examiner training.
- 2. Routine Uses. The information will be used solely to process the student application form.
- 3. **Disclosure of Social Security Number**. The supplying of this information is voluntary. The information is used to accurately verify the applicant's identity. Failure to do so will result in a delay in processing the application.

## 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 the ATF National Firearms Examiner Academy.

The estimated average burden associated with this collection of information is 12 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 addressed to 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.

ATF Form 6330.1