



DEFENSE THREAT REDUCTION AGENCY

OMB No. 0704-0447
Expiration:

Nuclear Test Personnel Review Information Request and Release

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PLEASE RETURN YOUR RESPONSE TO THE ADDRESS BELOW.

Responses should be sent to: Defense Threat Reduction Agency, Attn: NTS (NTPR), 8725 John J. Kingman Road, Stop 6201, Fort Belvoir, VA 22060-6201.

PRIVACY ACT STATEMENT

AUTHORITY: 42 U.S.C. 2013 (AEC), 38 U.S.C. 1154 and 1112 (Veterans Benefits), 42 U.S.C. 2210 (DOJ compensation program), Pub. L. 108-183 section 601 (Veterans Benefits Act of 2003), Pub. L. 94-367, Pub. L. 100-426 (Radiation Exposure Compensation Act) amended by Pub. L. 100-510; and E.O. 9397 (SSN), as amended.

PURPOSE(S): To provide data or documentation relevant to the processing of administrative claims or litigation; to conduct scientific studies or medical follow-up programs; and in the preparation of the histories of nuclear test programs.

ROUTINE USES: Disclosure of records permitted outside DoD under 5 U.S.C. 552a(b) (Privacy Act) to the Department of Veterans Affairs, Department of Justice, and Department of Labor for identifying and processing claims by individuals who allege job-related disabilities as a result of participation in nuclear test programs and for litigation actions.

DISCLOSURE: Voluntary; however, failure to provide the requested information and authorization may delay or preclude DTRA from providing or releasing information.

SECTION I: PARTICIPANT PERSONAL DATA (please print)

Form with 10 numbered fields: 1. Last Name, 2. First Name, 3. Middle Name, 4. Sex (M/F), 5. SSN, 6. Branch of Service, 7. Rank, 8. Service Number, 9. Address, 10. Telephone

_____ City _____ State _____ Zip _____			Home (____) _____ Other (____) _____
11. Date of Birth (mm/dd/yy)	12. Place of Birth	13. Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Date of Death (mm/dd/yy)

SECTION II: PARTICIPATION DATA (please print)

15. Name(s) of Test Series / Occupation of Hiroshima or Nagasaki, Japan	
16. Test Location(s) or Occupation Area	17. Test or Occupation Date(s) (mm/dd/yy)
18. Participating Unit Assigned During Test or Occupation	
19. Permanent Home Unit Assigned During Test or Occupation (to lowest level, e.g., company, squadron, if known)	

SECTION III: PARTICIPATION DATA (please print) (continued):

20. Remarks

SECTION IV: IDENTITY OF THE REQUESTER

21. Requester is (check one): <input type="checkbox"/> Participant identified in Section I, above <input type="checkbox"/> Next of kin, if participant is deceased (specify relationship) _____ <input type="checkbox"/> Legal guardian (must submit copy of court appointment) <input type="checkbox"/> Other (specify relationship AND obtain signed authorization from participant per Authorization Statement below) Relationship: _____
22. How did you hear of the NTPR Program: _____

**If you have any questions regarding this form, please call the NTPR toll-free helpline:
1-800-462-3683**

SECTION V: SIGNATURE AND AUTHORIZATION

I certify under penalty of perjury under the laws of the United States of America that the information in Section III is true and correct. Violations of the provisions of the Privacy Act are enforceable through legal action, and criminal and civil penalties may apply. It is a crime to knowingly and willfully request or obtain records concerning an individual from a Government agency under false pretenses.

Signature of Requester _____ Date _____

AUTHORIZATION STATEMENT

(Must be completed if requester is not the participant, next of kin of a deceased participant, or legal guardian)

Pursuant to the Privacy Act of 1974, I authorize the Defense Threat Reduction Agency to release information to:

(Print name of authorized individual)

Signature of Participant _____ Date _____