

**Reactivation Suitability Request**

**Instructions:** This form is used when seeking suitability approval for a former ATF confidential informant (CI). The ATF special agent (SA) or ATF task force officer (TFO) who will serve as the handler for the potential CI must complete this form. All fields must be typed and completed in full. Handwritten forms are not acceptable. If additional space is needed, continue on a separate sheet. Before performing as a CI, the individual must be approved by the Special Agent in Charge (SAC) or his/her designee and, in some instances, by the CI Review Committee (CIRC) or Department of Justice. Sections I. through IX. pertain solely to the individual who will perform as a CI, if approved. Section X. pertains to the CI handler. Section XI. pertains to the review and decision regarding this request by agency officials. Utilize the Confidential Informant Master Registry and Reporting System (CIMRRS) to locate and utilize the existing CI number and record. If one does not exist, create a CI record in CIMRRS to generate the required CI number.

|            |                                   |       |
|------------|-----------------------------------|-------|
| CI Number: | Legacy CI Number (if applicable): | Date: |
|------------|-----------------------------------|-------|

**Privacy Notice:** The Privacy Notice (located at the bottom of the form) was read aloud to the potential CI before gathering any information required by this form.

CI Handler Initials:

**I. Personal and Biographical Information**

**Instructions:** Provide the legal name of the individual and all personal and biographical information. Verify the individual's identity by viewing an original, valid driver's license; an original birth certificate and a valid photo identification card; original U.S. passport; or, if the individual was not born in the United States, the individual's original immigration documentation. If a driver's license cannot be verified through a state database, the individual must also present an original birth certificate.

|  |                                  |                    |                                  |                    |                 |                |
|--|----------------------------------|--------------------|----------------------------------|--------------------|-----------------|----------------|
| Full Legal Name                                  | 1. Last Name:                    | 2. First Name:     | 3. Middle Name:                  | 4. Suffix:         |                 |                |
| 5. Date of Birth:                                | 6. Social Security Number (SSN): | 7. U.S. Citizen:   | 8. Birth Country:                |                    |                 |                |
| 9. Birth State (if applicable):                  |                                  | 10. Birth City:    | 11. Country(ies) of Citizenship: |                    |                 |                |
| 12. Sex:   | 13. Race:                        | 14. Height (feet): | 15. Height (inches):             | 16. Weight (lbs.): | 17. Hair Color: | 18. Eye Color: |
| 19. Aliases (Names, Dates of Birth, SSNs, etc.): |                                  |                    | 20. Scars/Marks/Tattoos:         |                    |                 |                |

Select the Method Used to Verify the Individual's Identity:

|   |                                  |         |  |                  |
|---|----------------------------------|---------|--|------------------|
| 21. Driver's License or State-Issued Identification Card <input type="checkbox"/>     | Issuing State:                   | Number: | 22. U.S. Passport <input type="checkbox"/> | Passport Number: |
| 23. Naturalization Certificate and Photo Identification Card <input type="checkbox"/> | Certificate Number:              |         | Type of Identification Card:               |                  |
| 24. Birth Certificate and Photo Identification Card <input type="checkbox"/>          | State Issuing Birth Certificate: |         | Type of Identification Card:               |                  |

**II. Immigration Information**

**Instructions:** If the individual is NOT a U.S. citizen, provide his/her immigration information. The Department of Homeland Security must approve in writing the use of any alien who entered the U.S. without authorization before he/she may serve as a CI.

The individual is a U.S. citizen. Skip section II. 

|                         |                                   |                                |
|-------------------------|-----------------------------------|--------------------------------|
| 25. Immigration Status: | 26. Alien Number (if applicable): | 27. Immigration Documentation: |
| 28. Sponsoring Agency:  | 29. Approval Date:                | 30. Expiration Date:           |

### III. Residential, Employment, and Educational Information

**Instructions:** Provide the individual's current physical residential address, telephone, employment, and educational information. Identify the individual's pertinent skills and qualities, if applicable (e.g., *fluent in the Russian language, motorcycle mechanic, former straw purchaser*).

|   |                       |                       |                                    |                 |                           |                             |                              |               |  |  |
|---|-----------------------|-----------------------|------------------------------------|-----------------|---------------------------|-----------------------------|------------------------------|---------------|--|--|
| 31. Residential Physical Address (Line 1):  |                       | 32. Address (Line 2): |                                    | 33. City:       |                           | 34. State:                  |                              | 35. Zip Code: |  |  |
| 36. Mobile Telephone Number:                |                       |                       | 37. Home Telephone Number:         |                 |                           | 38. Other Telephone Number: |                              |               |  |  |
| 39. Unemployed:<br><input type="checkbox"/> | 40. Name of Employer: |                       |                                    | 41. Occupation: |                           |                             | 42. Duration (Years/Months): |               |  |  |
| 43. Employer Physical Address (Line 1):     |                       | 44. Address (Line 2): |                                    | 45. City:       |                           | 46. State:                  |                              | 47. Zip Code: |  |  |
| 48. Supervisor's Name:                      |                       |                       | 49. Supervisor's Telephone Number: |                 | 50. Source(s) of Income:  |                             |                              |               |  |  |
| 51. Highest Level of Education:             |                       | 52. Name of School:   |                                    |                 | 53. Skills and Qualities: |                             |                              |               |  |  |

### IV. Criminal History and Conduct Information

**Instructions:** Provide information regarding the individual's criminal history and personal conduct. Provide the individual's identifying criminal history numbers, if applicable.

|   |  |                               |  |  |  |                            |  |
|---|--|-------------------------------|--|--|--|----------------------------|--|
| 54. FBI Universal Control Number:   |  | 55. State Criminal Number(s): |  | 56. City/County Number(s):   |  | 57. Other Criminal Number: |  |
| 58. If more space is required, identify additional criminal history number(s) here. If "Other Number" used, explain.  |  |                               |  |  |  |                            |  |
| 59. Past Activities: Identify any past criminal or criminally associated activity(ies).   |  |                               |  |  |  |                            |  |
| 60. Criminal History: Provide a detailed synopsis of the entire criminal history (including, but not limited to, date of arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest). Do NOT state "See attached criminal history." If more space is required, attach an additional page. |  |                               |  |  |  |                            |  |
| 61. Parole/Probation Status:  |  |                               |  |  |  |                            |  |
| 62. Indicate if use of the individual would violate the terms and conditions of probation, parole, or supervised release, if applicable.  |  |                               |  | 63. Indicate whether the parole or probation officer approved use of the individual. Include the name of the officer and date of approval or denial. |  |                            |  |
| 64. Reputation and Associates: Provide any information regarding the individual's criminal reputation and known associates.   |  |                               |  |  |  |                            |  |
| 65. Substance Abuse/Misuse: Identify any past or present misuse of a controlled substance(s) (including prescription medication).   |  |                               |  |  |  |                            |  |

---

**V. Previously Furnished Information**

---

**Instructions:** Provide detailed information regarding the individual's current and/or past performance as a CI.

---

66. Other Agency(*ies*): Identify any other agency to which the individual is currently supplying information. Provide the name of the other agency's CI handler and how long the individual has worked with the agency.

---

67. Prior Agency(*ies*): Identify any other agency to which the individual previously supplied information. Include the time period during which information was provided, the name of the other agency's CI handler (*if known*), and advise why the relationship ended (*e.g., terminated for cause*).

---

68. Prior ATF CI: If the individual previously provided information (*as a CI or otherwise*), provide details. Include the time period during which information was provided, the name of the CI handler, and advise why the relationship with ATF ended (*e.g., moved out of area*).

---

69. ATF CI Removed for Cause: If the individual was removed for cause as a CI by ATF, provide a strong justification describing what factors should mitigate the reasons for removal.

---

70. Law Enforcement Reference: For each of the above, provide the name, title, and agency of the law enforcement official(*s*) contacted regarding the individual's reliability.

---

71. Reliability and Truthfulness: Describe the reliability and truthfulness of the information previously provided. Include the general timeframe in which the information was provided and the value of information furnished.

---

72. Testify: Describe the individual's willingness to testify in open court.

---

73. Previous Witness: Provide the individual's prior known record as a witness in a criminal proceeding.

---

---

## VI. Suitability

---

**Instructions:** Provide detailed and thorough information regarding the individual's suitability to perform as a CI.

---

74. Nature of the Information: Identify the nature of the information or assistance to be supplied and the nature and importance of the information to a present or potential investigation. Include whether the information can be corroborated.

---

75. Motivation: Provide the individual's motivation in providing information or assistance. Include any consideration sought from the Government in return for assistance.

---

76. Corroboration: Provide the extent to which the individual's information or assistance can be/has been corroborated.

---

77. False Information: Identify any indication of the individual furnishing false information.

---

78. Nature of the Relationship: Identify the nature of the relationship between the individual and the subject or target of an existing or potential investigation or prosecution; including, but not limited to, a current or former spousal relationship or other family tie and any current or former employment or financial relationship.

---

79. Risk to Investigation or Prosecution: Provide the risk that the individual may adversely affect an investigation or potential prosecution.

---

80. Subject or Target: Advise if the individual is reasonably believed to be a subject or target of a pending investigation, or is under arrest, or has been charged in a pending prosecution.

---

81. Mental or Emotional: Identify any indication of the individual's mental or emotional instability or unreliability.

82. Threat to Public: Advise if the individual poses a criminal threat or danger to the public.

83. Financial Arrangements: Identify any financial arrangements given the individual by ATF, any other law enforcement agency (*if available and known to ATF*), a Federal prosecuting office, or any other State or local prosecuting office (*if available to ATF*), in return for providing information or assistance to any Federal, State, or local agency. In the unlikely event promises have been made to the individual, describe them.

84. Judicial Considerations: Identify any arrangements made between a Federal prosecuting office, a State or local prosecuting office, or any law enforcement agency (*if available and known to ATF*) in return for providing information or assistance to any Federal, State, or local agency. If no arrangements have been made, indicate so. In the unlikely event promises have been made to the individual, describe them.

85. Flight Risk: Advise if the individual poses a flight risk.

86. Relocated Witness: Advise if the individual is a relocated witness in the Witness Security Program (*WITSEC*) or if relocation or application to *WITSEC* is anticipated.

87. Relatives: Identify any relatives that are employed by a law enforcement agency. Provide the name of the individual(s), the relationship, and the law enforcement agency.

88. Special Category: Select all applicable special categories for the individual. Those special categories with an asterik (\*) will require Headquarter's coordination for a higher level (*e.g., CIRC, DOJ*) review and determination.

|  |  |   |  |
|--|--|---|--|
| Employee of financial institution  |  | Active military member ( <i>including reserves</i> )                                      |  |
| Federal Explosives Licensee ( <i>current or prior</i> )*                         |  | Public official   |  |
| Federal Firearms Licensee ( <i>current or prior</i> )*                           |  | School employee   |  |
| High-level leader of criminal organization*                                      |  | Union official  |  |
| State/local prisoner, probationer, parolee, detainee, or supervised releasee     |  | Media representative or affiliate*  |  |
| Alien ( <i>i.e., non-U.S. citizen, illegally present in the U.S.</i> )           |  | Under obligation of legal privilege or confidentiality ( <i>i.e., attorney, priest</i> )* |  |
| Foreign National ( <i>i.e., non-U.S. citizen, legally present in the U.S.</i> )  |  | Federal probationer or supervised releasee  |  |
| International ( <i>i.e., non-U.S. citizen living in home country or abroad</i> ) |  | Former <i>WITSEC</i> participant*   |  |
| Other:   |  | Federal prisoner*   |  |

89. Special Category Explanation: If any of the above special categories apply, provide a detailed description/explanation.

90. CI Record Review:

|   | Yes | No |
|---|-----|----|
| A complete review of the individual's prior ATF CI file ( <i>paper or electronic</i> ) was conducted.     |     |    |
| A complete review of the individual's CI record in CIMRRS was conducted.                                  |     |    |
| The individual's prior ATF paper file ( <i>if applicable</i> ) was uploaded into the CI record in CIMRRS. |     |    |
| The data in the CI record in CIMRRS was updated ( <i>if necessary</i> ) and is current.                   |     |    |
| If the response was "NO" to any of the above, explain.  |     |    |

**VII. Additional Remarks**

**Instructions:** Provide any additional information believed to be relevant (*favorable or unfavorable*) regarding the individual's suitability to perform as a CI.

91. Remarks:

**VIII. Indices Checks**

**Instructions:** At a minimum, conduct the listed criminal history checks on the individual. Indicate if the individual has a record or no record. Identify any additional check(s) conducted. Use an additional sheet of paper, if necessary. Indices checks must be completed on the individual's legal name and aliases (*e.g., names, dates of birth, SSNs*). Attach the results of the indices checks regardless of whether the individual has a record.

| System/Check                               | Record/No Record | System/Check      | Record/No Record |
|--|------------------|-------------------|------------------|
| NCIC - QH                                  |                  | NLETS - IQ State: |                  |
| NCIC - QR                                  |                  | NLETS - IQ State: |                  |
| NCIC - QW                                  |                  | NLETS - IQ State: |                  |
| TECS                                       |                  | NLETS - FQ State: |                  |
| FLS  |                  | NLETS - FQ State: |                  |
| NLETS - IAQ ( <i>if non-U.S. citizen</i> ) |                  | NLETS - DQ        |                  |
| Other:                                     |                  | NLETS - KQ        |                  |

**IX. Attachments**

**Instructions:** The CI handler must initial to indicate the documents are included.

| Title   | Initial |
|---|---------|
| ATF Form 3252.2, Informant Agreement or ATF Form 3252.3, Informant Agreement ( <i>Spanish Version</i> ) |         |
| Current color photographs ( <i>front and side views</i> )   |         |
| Fingerprint Cards FD-258 - Three complete sets  |         |
| State and federal ( <i>NCIC</i> ) criminal history check results  |         |
| State and federal ( <i>NCIC</i> ) warrant check results   |         |
| State ( <i>NLETS</i> ) criminal history check results   |         |
| State Driver's License check results  |         |
| Treasury Enforcement Communications System ( <i>TECS</i> ) check results                                |         |
| Federal Licensing System check results  |         |
| Other/miscellaneous:  |         |
| Other/miscellaneous:  |         |
| Other/miscellaneous:  |         |

**X. Handler Information**

**Instructions:** Provide information regarding the CI handler. The CI handler must electronically sign and date the request, then start the Reactivation Suitability Request in CIMRRS.

|                 |            |             |                    |
|-----------------|------------|-------------|--------------------|
| Name of Handler | Last Name: | First Name: | Title (SA or TFO): |
|-----------------|------------|-------------|--------------------|

|                 |               |                   |
|-----------------|---------------|-------------------|
| Field Division: | Field Office: | Telephone Number: |
|-----------------|---------------|-------------------|

The undersigned obtained this information directly from the individual for whom this request is being sought; indices checks completed on the individual's legal name and aliases; and law enforcement and/or legal references. The undersigned reviewed the content and meaning of ATF Form 3252.2, Informant Agreement, with the individual in the presence of another law enforcement officer. The undersigned accepts responsibility for management and oversight of the CI.

Electronic Signature and Date:

**XI. Review and Decision**

Management officials must complete their review and record their decision in CIMRRS. This section is only completed by management officials in an **emergency situation** where CIMRRS is not immediately available.

**Instructions:** Provide information regarding the Resident Agent in Charge (RAC) or Group Supervisor (GS). The RAC or GS must approve or deny the request. The RAC or GS must electronically sign and date, below, unless the decision is made and recorded electronically in CIMRRS.

|                   |            |             |                    |
|-------------------|------------|-------------|--------------------|
| Name of RAC or GS | Last Name: | First Name: | Title (RAC or GS): |
|-------------------|------------|-------------|--------------------|

|                     |   |
|---------------------|---|
| RAC or GS Decision: | <input type="checkbox"/> <b>Approve.</b> The undersigned recommends approval of the individual and accepts responsibility for management and oversight of the CI. Any subsequent RACs/GSs should note their approval in CIMRRS. |
|                     | <input type="checkbox"/> <b>Deny.</b> The reactivation suitability request for this individual is denied.   |

Electronic Signature and Date:

**Instructions:** Provide information regarding the Special Agent in Charge (SAC) (or his/her designee, i.e., Assistant Special Agent in Charge (ASAC)). The SAC or his/her designee must approve or deny the request. The SAC or his/her designee must electronically sign and date, below, unless the decision is made and recorded electronically in CIMRRS. Any subsequent SAC or his/her designee should note their approval in CIMRRS.

|                     |            |             |                      |
|---------------------|------------|-------------|----------------------|
| Name of SAC or ASAC | Last Name: | First Name: | Title (SAC or ASAC): |
|---------------------|------------|-------------|----------------------|

|                       |   |
|-----------------------|---|
| SAC or ASAC Decision: | <input type="checkbox"/> <b>Approve.</b> The reactivation request for this individual is approved. The undersigned and subsequent SACs/ASACs accepts responsibility for management and oversight of the CI. |
|                       | <input type="checkbox"/> <b>Approval Recommended.</b> The individual cannot be utilized until a higher level (e.g., CIRC, DOJ) review and determination is made.  |
|                       | <input type="checkbox"/> <b>Deny.</b> The reactivation suitability request for this individual is denied.   |

Electronic Signature and Date:

**Privacy Notice**

- Authority:** ATF derives its authority to collect this information from 28 USC § 599A, Bureau of Alcohol, Tobacco, Firearms, and Explosives and 28 CFR § 0.130, General functions.
- Purpose:** ATF will use this information to determine the eligibility and suitability of the individual to become a confidential informant.
- Routine Uses:** The information will be used by ATF personnel for the purposes stated above. The information becomes a part of the confidential informant record and is included in Criminal Investigation Report System-Justice/ATF-003 (68 FR 3553-5) and is subject to paragraphs A., C., E., F., and M., of the published routine uses of that system of records. Specifically, ATF may disclose the information with other law enforcement or other government agencies, as necessary for criminal investigation and/or litigation purposes.
- Disclosure:** Furnishing this information is voluntary; however, failure to furnish the requested information will prevent the formation of a confidential informant relationship with the ATF.