

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

# Application for National Firearms Examiner Academy

Name		Home Address		Social Security Number	
Date of Birth		Place of Birth			
Agency Name		Agency Address		Agency Telephone Number	
E- Mail Address		Present Position Title		Start Date as Examiner Trainee	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been the subject of a favorable background investigation with your agency? If so submit verification from your agency.			
Name of Immediate Supervisor		Supervisor's E-mail Address		Immediate Supervisor's Telephone Number	
Previous Educational Experience ( <i>Applicant must possess an earned baccalaureate degree from an accredited academic institution with major course work in physical science, natural science, forensic science, criminalistics, criminal justice, or related field.</i> )					
College or University		Major		Degree	
Year					
Are You Assigned to A Training Officer? If Yes, provide name, phone number and e-mail address				How Many Trainees for Your Position Are Presently in Your Lab?	
How Many Qualified Full-time Firearms Examiners Are in Your Lab and Actively Working Cases?			Are You Currently Following A Training Syllabus? If Yes, Which One.		
Related Occupational Experience					

Applicant's Signature	Date	Supervisor's Signature	Date
-----------------------	------	------------------------	------

**Please mail or e-mail this form to:**  
**National Firearms Examiner Academy**  
**National Laboratory Center**  
**6000 Ammendale Road**  
**Ammendale, MD 20705-1250**  
**NFEATraining@atf.gov**

**Questions Please Contact: 202-527-5078**

### 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 10 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 address 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.