Part B - Explosives Responsible Person Questionnaire

Part B - Responsible Person Questionnaire

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE PART B- EXPLOSIVES RESPONSIBLE PERSON

QUESTIONNAIRE, ATF Form 5400.13A/5400.16 (Part B-ATF Form 5400.13A/5400.16). In the future, if you need to add a Responsible Person *(RP)* to your Federal Explosives License/Permit (FEL/P), the RP being added must complete this Part B-Responsible Person Questionnaire and include a signed request from an existing RP on the FEL/P giving permission to add the new Responsible Person.

Issuance of your license or permit, or addition as a RP will be delayed if Part B is incomplete or otherwise improperly prepared.

All new RPs must submit a properly prepared FD-258 (*Fingerprint Card*) with this questionnaire. The fingerprints must be clear and must be rolled at a facility using approved technology and equipment. The FD-258 must include "WVATF0900 ATF-FELC, MARTINSBURG, WV" in the Originating Agency Identifier (*ORI*) block to facilitate processing of fingerprints.

List all given, married, and maiden names in Item #4 (e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones") (If additional space is needed, attach a separate sheet)

	1. Federal Explosives Licensee or Permitt	ee or License or Applicant N	Name 2. Federal Exp	blosives License or	Permit Number (<i>If bein</i>	ng added to an o	zxisting	FEL/P)
2. Current Full Residential Address 11. Personal Telephone Number (10-digit) 10. Mailing Address (if different from resident address) 12. E-mail Address 13. Driver's License or State ID Number (include state of issuance) 14. Previous Address(es) - (Please provide residential 15. Sex 15. Male 16. Height 17. Weight 18. Eye Color 19. Hair Color Black 10. Mailing Address for the past five years. Use 16. Height 16. Height 17. Weight 18. Eye Color 19. Hair Color 19. Hair Color Black 10. Ethnicity Black 11. Race (Please check one or more boxes) Blow 11. Race (Please check one or more boxes) Black 11. Race (Please check one or more boxes) Black 11. Race (Please check one or more boxes) Black 11. Race (Please thet or African American Multiple 12. Race (Please thet or African American Multiple 13. Mive Hawaiian or Other Pacific Islander Other 12. Have you ever been a Responsible Person on a Federal Explosives License or Permit? (If known, please include FEL/P Name and/or Number) 13. Have you ever been a nemployee of a Federal Explosives License or Permit? <th>3. Name of Responsible Person (Last, first</th> <th><i>t, middle)</i> 4. Aliases (</th> <th>Include given, married</th> <th>l, maiden names)</th> <th>5. Position/Title</th> <th>2</th> <th></th> <th></th>	3. Name of Responsible Person (Last, first	<i>t, middle)</i> 4. Aliases (Include given, married	l, maiden names)	5. Position/Title	2		
10. Mailing Address (if different from resident address) 12. E-mail Address 14. Previous Address(as) - (Please provide residential history and dates for the past five years. Use additional sheet(s) if necessary) 16. Height 17. Weight 18. Eye Color 19. Hair Color 19. Won-Binary Inches (lbs) Black Bald 20. Ethnicity Gray Brown Blond 21. Race (Please check one or more boxes) Gray Brown 21. Race (Please check one or more boxes) Hazel Red 21. Race (Please check one or more boxes) Hazel Multiple 21. Race (Please check one or more boxes) Pink Other 22. Have you ever beda a Federal Explosives License or Permit? (If known, please include FEL/P Name and/or Number) 23. Have you ever been a menployee of a Federal Explosives License or Permit? (If known, please include FEL/P Name and/or Number) 24. Have you ever been an employee of a Federal Explosives License or Permit? (If known, please include FEL/P Name and/or Number) 25. Have you ever been an employee of a Federal Explosives License or Permit? (See Definitions) 26. Have you ever been on or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year, or are you a current member of the military who has been charged with violation(s) of the Uniform Code of Military Justice, and whose charge(s) have been referred to a general court-mantial? (See Definitions)	6. Social Security Number (Voluntary)	7. Date of Birth <i>(MM/DD</i>)	V/YYYY) 8. Place of	f Birth <i>(City & s</i>	tate OR foreign cou	untry)		
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23. Have you ever been a Responsible Person on a Federal Explosives License or Permit? (If known, please include FEL/P Name and/or Number)	For the following	g questions give full detail	s on a separate sheet f	for all "Yes" ans	swers.		Yes	No
Number)			*		,			
25. Have you ever been issued a letter of denial for your clearance to possess explosive by ATF? 26. Have you ever been granted Explosives Relief from Disability? (<i>Please attach copy of relief letter</i>) 27. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year; Or are you a current member of the military who has been charged with violation(s) of the Uniform Code of Military Justice, and whose charge(s) have been referred to a general court-martial? (<i>See Definitions</i>) 28. Have you ever been convicted in any court, including a military court, for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (<i>See Definitions</i>) 29. Are you a fugitive from justice? (<i>See Definitions</i>) 29. Are you a fugitive from justice? (<i>See Definitions</i>)	Number)			known, please inc	clude FEL/P Name a	und/or		
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	29. Are you a fugitive from justice? (See	Definitions)					100.15	

	Yes	No
30. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes by state law.		
31. Have you ever been adjudicated as a mental defective or have you ever been committed to a mental institution? <i>(See Definitions)</i>		
32. Have you been discharged from the Armed Forces under dishonorable conditions?		

33. Country of Citizenship: (Check/List more than one, if applicable) (Nationals of the United States may check U.S.A.)

United States of America Other Country/Countries (specify):

	Yes	No
34. Have you ever renounced your United States citizenship? (18 U.S.C. § 842 (i)(7))		
35. Are you an alien who has been admitted to United States for permanent residence? (18 U.S.C. § 842 (i)(5)(A))		
36. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (18 U.S.C. § 842 (i)(5)(B))		

37. If you are an alien, record your U.S.-Issued Alien or Admission number (*AR#, USCIS#, or I-94#*): _______(*Please note that an employment authorization card is insufficient to serve an RP*) Attach supporting documentation to this questionnaire

38. Under the penalties imposed by 18 U.S.C. §§ 842 and 1001, I declare that I have reviewed the answers on this form and examined any related documents submitted in regard to this questionnaire Part B-ATF Form 5400.13A/5400.16 and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records pursuant to 18 U.S.C. § 842 (i)(6), medical information/records pursuant to 18 U.S.C. § 842(i)(4), police and/or criminal records.

Signature

Printed Name

Date

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE PART B-ATF FORM 5400.13A/5400.16

Attach a 2" X 2" Photograph Here

- 1. Photo must have been taken within the last six months.
- 2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline.
- 3. On back of photograph print full name, last 4 of SSN, and business address.

<u>If applying for a new FEL/P:</u>

Mail application, fingerprint cards, and photographs, including a separate questionnaire Part B-ATF Form 5400.13A/5400.16 for <u>each</u> Responsible Person, to:

Bureau of Alcohol, Tobacco, Firearms and Explosives ATF National Services Center Federal Explosives Licensing Center P.O. Box 6200-18 Portland, OR 97228-6200

If only adding a RP to an existing FEL/P:

Each RP being added must complete a separate Part B-ATF Form 5400.13A/5400.16 and mail it, along with their fingerprint card and photograph, to: ATF, Attn: ATF National Services Center, FELC, 244 Needy Rd, Martinsburg, WV 25405. The questionnaire(s) must be accompanied by a signed written request from a current/ existing RP on the license giving permission to add the RP(s).

Questions:

If you have any questions relating to this form, please contact the ATF Federal Explosives Licensing Center at 1-877-283-3352, or your local ATF Industry Operations Office.

Print Full Name

3.

Instructions

- 1. **Completion of Application -** TYPE or PRINT with ball-point pen. Any attached sheets should:
 - a. Be identified at the top of each page with your name and Employer Identification Number or Social Security Number.
 - b. Refer to the item/question(s) being answered.
- 2. **Release of Information -** This application package requires you to authorize the release of certain information to ATF such as medical information/records. This information is used to determine, for example, whether the applicant has ever been adjudicated as a mental defective or committed to any mental institution pursuant to 18 U.S.C. 842(i)(4). This information is protected by the Privacy Act of 1974.
- 3. **Fingerprint Cards & Photographs -** The following items must accompany this questionnaire. Failure to submit these items will delay processing and may result in denial of the application.
 - a. A properly prepared Form FD-258 *(fingerprint card)* must be submitted for all RPs, unless they have previously submitted one as an RP for another Federal Explosives License/Permit *(FEL/P)*. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. To facilitate processing of fingerprints, the FD-258 should list "WVATF0900 ATF-FELC, MARTINSBURG, WV" in the Originating Agency Identification block.
 - b. Submit one color photo, 2x2 inches for <u>each</u> responsible person. The photograph should be attached to the back of their Part B- ATF Form 5400.13A/5400.16. Ensure that each photograph is clearly identified on the reverse with the full name of the RP to whom the photograph applies.
- 4. Adding Additional RPs You can use this questionnaire to add a RP(s) to an existing FEL/P. You <u>must</u> include a signed written request from a current/existing RP already on the license, giving permission to add the new RP. We cannot process a form to add an additional RP to an existing license without the written consent authorizing this action from an existing RP on the license. If you are only submitting Part B for this purpose, send Part B, along with the Responsible Person's fingerprint card and photograph, to ATF-FELC, 244 Needy Road, Martinsburg, WV 25405. Only send to this address if you are just adding a Responsible Person(s) to an existing license. Sending an application to obtain a new FEL/P to this address will result in delays in the processing of your application.
- 5. Renewal Applications This form must be re-certified and submitted with a Federal Explosives License/Permit Renewal Application (*ATF Form 5400.14/5400.15 Part III*) for current Responsible Persons on an existing FEL/P. Fingerprint cards and photograph do not need to be resubmitted. If a current Responsible Person fails to submit Part B- ATF Form 5400.13A/5400.16 with the Renewal Application-(*ATF Form 5400.14/5400.15 Part III*) he/she will be removed from the FEL/P.
- Contact Us If you have any questions relating to this application, please contact the ATF National Services Center Federal Explosives Licensing Center, 244 Needy Road, Martinsburg, WV 25405, Toll free 1-877-283-3352, or your local ATF Industry

Operations Office. Contact information for your local office can be found at **www.atf.gov**.

 Where to Send Questionnaire - Make a copy of your completed questionnaire for your records, then submit the ATF Form 5400.13A/5400.16 Part B, Responsible Person Questionnaire, for <u>each Responsible Person</u> (with properly identified photo attached), fingerprint card(s), To:

ATF National Services Center Federal Explosives Licensing Center 244 Needy Road Martinsburg, WV 25405

Definitions (for additional definitions, please see 27 C.F.R. § 555.11)

- 1. **Responsible Person -** An individual who has the power to direct the management and policies of the applicant pertaining to explosive materials.
- 2. Crime Punishable by Imprisonment for a Term exceeding one year - Any offense for which the maximum penalty, whether or not imposed, is capital punishment or imprisonment in excess of one year. The term does not include (a) any Federal or State offenses pertaining to antitrust violations, unfair trade practices, restraints of trade, or (b) any State offense (other than one involving a firearm or explosive) classified by the laws of the State as a misdemeanor and punishable by a term of imprisonment of two years or less.
 - **Fugitive From Justice -** Any person who has fled from any State to avoid prosecution for a felony or a misdemeanor, or any person who leaves the State to avoid giving testimony in any criminal proceeding. The term also includes any person who knows that misdemeanor or felony charges are pending against such person and who leaves the State of prosecution.
- 4. Adjudicated as a Mental Defective A determination by a court, board, commission, or other lawful authority that a person, as a result of marked subnormal intelligence, or mental illness, incompetency, condition, or disease: (1) is a danger to himself or to others; or (2) lacks the mental capacity to contract or manage his own affairs. This term shall include: (1) a finding of insanity by a court in a criminal case; and (2) those persons found incompetent to stand trial or found not guilty by reason of lack of mental responsibility or pursuant to articles 50a and 76b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.
- 5. **Committed to a Mental Institution -** A formal commitment of a person to a mental institution by a court, board, commission, or other lawful authority. The term includes a commitment to a mental institution involuntarily. The term includes commitment for mental defectiveness or mental illness. It also includes commitments for other reasons, such as for drug use. The term does not include a person in a mental institution for observation or a voluntary admission to a mental institution.
- 6. **Explosives -** Any chemical compound, mixture, or device, the primary or common purpose of which is to function by explosion. The term includes, but is not limited to, dynamite and other high explosives, black powder, pellet powder, initiating explosives, detonators, safety fuses, squibs, detonating cord, igniter cord, and igniters.

- Explosive Materials Explosives, blasting agents, water gels and detonators. Explosive materials include, but are not limited to, all items in the "List of Explosive Materials" Provided for in § 555.23.
- 8. Federal Explosives License or Permit (FEL/P) A license or permit issued under the provisions of the Safe Explosives Act (SEA) to manufacture, import, deal, or use explosives.

Privacy Act Information

The following information is provided pursuant to Section 3 of the Privacy Act of 1974 (5 U.S.C. § 552 a(e)(3)):

- 1. **Authority:** Solicitation of this information is authorized pursuant to Disclosure of this information by the Responsible Person *(RP)* is mandatory if the Responsible Person wishes to be added the license or permit and possess explosives.
- 2. **Purpose:** To determine the eligibility of the RP to be added to a license or permit and possess explosive materials.
- 3. **Routine Uses:** The information will be used by ATF to make determinations set forth in paragraph 2. In addition, information may be disclosed to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the enforcement and regulation of explosives where such disclosure is not prohibited by law. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may be disclosed to members of the public in order to verify the information on the application when such disclosure is not prohibited by law.
- 4. Effects of Not Supplying Information Requested: Failure to supply complete information will delay processing and may cause denial of the application.

 Employer Identification Number (EIN) - An EIN is also known as Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need an EIN. For more information on who needs an EIN and how to apply for one, go to www.irs.gov or refer to 27 CFR § 179.35.

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 engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required in order to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection of information is 20 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 directed to Reports Management Officer, Resource Management Staff, Contract and Forms Section, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Avenue, NE, 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 Office of Management and Budget control number.