FD-731 (Rev. 01/10/2023) **U.S. Department of Justice** Federal Bureau of Investigation OMB: 1110-0074 EXP. 08/31/2024

FEDERAL BUREAU OF INVESTIGATION HAZARDOUS DEVICES SCHOOL COURSE APPLICATION

Privacy Act Statement - Solicitation of information on this form is authorized by Title 42, United States Code (USC), Section 3771(a), which authorizes the Director of the FBI to establish and conduct training programs for state and local criminal justice personnel, and, in the case of your Social Security Number (SSAN), by Executive Order 9397. The primary purpose of soliciting the requested information is to determine your eligibility for enrollment in the FBI Hazardous Devices School. Although provision of the information on this form is voluntary, failure to provide the requested information (with the exception of your SSAN) shall result in the denial of this application. Information provided on this form may be disseminated according to the provisions of Title 5, USC, Section 552a, more commonly known as the Privacy Act of 1974.

Does the applicant hold a security clear Secret Top Secret SCI	rance? Yes M	No		1. Date of Application
2. Type of class desired: Certification Certification applicants only: Do you u Hazardous Devices School Certification C	nderstand that all trav		d subsistence expen	ditures incurred during the
3. Last Name	First Name		Middle Name	
4. Residence Address (Street, City, State, Zi	p Code)			
5. Birth Date 6. Place of Birth	6. Place of Birth		7. Social Security Number	
8. a. Name of relative to be contacted in case of emergency			8. b. Relationship to applicant	
9. Male Female	10. Height		11. Weight	
12. Do you have any physical defects which or wearing of bomb suits, chemical protection School training? Yes No		s and other pro		
13. Name and address of present family phy	sician			
Phone number of present family physicia	an			
14. E-mail Address: a. Business				
b. Personal				
15. Business Telephone Number		16. Facsimile Number		
17. Home Telephone Number		18. Cellular Telephone Number		

19.a. Name of public safety agency where candidate employed:	
b. Length of employment:	c.Full Time: Yes No
20. Employment Address (Street, City, State, Zip Code)	21. Rank or Title
22. Certification applicants only: Is applicant replacing a current If Yes»Name:	•
23. What is the squad TSL (target staffing level)? 24.	The applicant will replace a current bomb tech scheduled to etire or depart the squad? Yes No
	Name of departing tech, if applicable:
25. Signature of Nominating Official from the Applicant's Agence Name and Title (Print or Type) Bomb Squad Information	у
26. a. Name of Accredited Bomb Squad to which assigned	b. Bomb Squad Identifier Number
c. Name of Bomb Squad Commander (defined as the certified bor	nb technician point of contact who will speak for the squad)
d. Mailing Address of Bomb Squad (Street, City, State, Zip Code)
e. Telephone Number of Bomb Squad	f. Fax Number of Bomb Squad
g. E-mail of Bomb Squad	I
h. Signature of Bomb Squad Commander (required if the Bomb	Squad Commander is employed by a different agency)
27 a. Acknowledgement (by all applicants): I am about to take a coaware that this course may necessitate my personal handling of live of as the wearing of bomb suits, respiratory protective equipment, and of taking this course on my own initiative. I am fully aware of the danger 27 b. Waiver (by non-federal employees ONLY): I realize that neighbors agreeing to act as insurers of my safety. In consider through its officers and Agents, to take this course of instruction, I do the Government of the United States and all its officers, Agents, and claims or causes of action on account of any injury to me or my properthe Government or its employees during the course of instruction or under the terms and conditions of the Federal Tort Claims Act (FTC seq.), for the negligent and wrongful act or omission by an employed to myself or to my property, the claim shall be presented to the F disposition of said claim.	xplosives, incendiary materials, hazardous chemicals, as well ther personal protective equipment. I acknowledge that I am gers and risks involved in this course of instruction. Therefore, the United States Government nor the Federal Bureau of ation of the permission extended to me by the United States, to hereby, to the extent permissible by law, forever discharge demployees, acting official or otherwise, from any and all the erty that results through no fault or wrongdoing on behalf of the handling of any hazardous device. Should a claim arise A, Title 28, United States Code, Sections 1346 and 2671 et et, in the performance of assigned duties, that result in injury
28. Signature of Applicant	