

## U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

## Visitor Access Request

**Instructions:** This form must be completed by representatives from other Federal, State, and local agencies when requesting visitor access to Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) facilities to conduct official business. (**Note:** Federal personnel affiliated with the Department of Justice (DOJ) are not required to complete this form. However, they are required to follow the below Instructions.) Each requestor, or his/her supervisor, must complete the form and submit it to their agency's security office point of contact (POC), who will sign and date the certification. (**Note:** Visitors not affiliated with Federal law enforcement agencies must also submit ATF Form 8620.42, Police Check Inquiry, along with this form.)

The type of facility access granted (*i.e.*, escorted or unescorted) will be based on the law enforcement agency the visitor represents and their current security clearance/background investigation.

- DOJ affiliated personnel must have their security office complete the visitor access request process in the DOJ Justice Security Tracking and Adjudication Record System (JSTARS).
- Federal personnel not affiliated with DOJ must complete this form and have their security office certify it. The security office POC must email the completed form and a clearance certification directly to the Personnel Security Division (PSD) at [PSDVerifications@atf.gov](mailto:PSDVerifications@atf.gov).

(**Note:** Clearance certifications must include the name/location of the ATF facility to be visited, dates and duration of access request, an ATF POC.)

- Non-federal personnel (*i.e.*, representatives from State or local law enforcement agencies) must complete this form, along with ATF Form 8620.42, Police Check Inquiry. Their security office must certify this form and email both forms to [PSDVerifications@atf.gov](mailto:PSDVerifications@atf.gov). (**Note:** Non-Federal personnel will be granted escorted access only.)

The Visitor Access Request form must be submitted to PSD at least seven business days prior to the scheduled meeting/event to ensure processing. The submission of late and incomplete forms will result in processing delays and possibly a denial of access to ATF facilities.

PSD personnel will conduct record checks on all individuals who submit a completed ATF Form 8620.71 and approve or deny their facility access request. If access is approved, PSD will complete the form, designate the level of approved access, and forward the form to the ATF facility POC for final coordination. If access is denied, PSD will document the reason for denial in the Comments section, and forward the form to the ATF facility POC and the requestor's security office POC.

(**Note:** Approval of this request does not authorize a visitor to access ATF information or information technology systems.)

## Visitor Requiring Access

Last Name:	First Name:	Middle Name:	Suffix:
Other Names Used ( <i>Maiden, nickname, etc.</i> ):	Social Security Number:	Telephone Number:	E-mail Address:
Visitor's Agency:	Visitor's Agency Location:	Visitor's Position/Title:	
Purpose of ATF Facility Visit:			
Meeting <input type="checkbox"/> Task Force <input type="checkbox"/> Training <input type="checkbox"/> Other <input type="checkbox"/>			

Level of Visitor's Current Security Clearance/Background Investigation:

## ATF Meeting/Event Information

Date of Access Request:	Date(s) of Meeting/Event:
ATF Facility to Be Visited:	ATF Facility Location ( <i>City and State</i> ):
Name of Meeting/Event at ATF Facility:	Level of Security Clearance/Background Investigation Required to Participate in Meeting/Event:
Will attendance at this meeting/event be ongoing ( <i>i.e.</i> , daily, weekly, monthly, quarterly, or semi-annually)?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
ATF Facility POC:	ATF Facility POC E-mail Address:
ATF Facility POC Telephone Number:	ATF Facility POC Fax Number:

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**Visitor's Security Office Information/Certification**

Visitor's Security Office POC:	Visitor's Security Office POC E-mail Address:	Visitor's Security Office POC Telephone Number:	Visitor's Security Office POC Fax Number:
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**Security Officer's Certification:** I have reviewed the responses to the above questions and, to the best of my knowledge, believe the responses to be true and correct.

Signature of Security Officer (*Electronic signature is acceptable*):

Date:

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**To be Completed by PSD Staff**

The above-named official is Approved ☐ for Escorted ☐ Unescorted ☐ or Denied ☐ access to the above-named ATF facility for a period not to exceed one year. (**Note:** *Disapproval of facility access will be noted in the comments section below.*)

Comments:

PSD Certifying Official:

Date:

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**Privacy Act Statement**

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

1. **Authority.** Solicitation of this information is made pursuant to Executive Order 13764.
2. **Purpose.** The information requested on this form will be used to determine if Federal, State and local law enforcement personnel can be granted visitor access to ATF facilities.
3. **Routine Uses.** This information will be used by ATF to determine visitor eligibility for ATF facility access and the level of access to be granted.
4. **Effects of Not Supplying the Requested Information.** Failure to supply complete information may delay processing and/or result in the denial of an individual's request for access to ATF's facilities.
5. **Disclosure of Social Security Number (SSN).** Disclosure of the individual's SSN is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's SSN. The number may be used to verify the individual's identity.

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**Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected will be used to determine the eligibility of representatives from Federal, State and local law enforcement agencies for access granted to an ATF facility for official business. The appropriate ATF office (*Personnel Security Division*) will maintain a copy of this form. It will be used to document an agency's request for its personnel to be granted access to an ATF facility for official business and ATF's approval/disapproval of the request.

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Resource Management Staff, Contracts and Forms office, 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 that does not display a currently valid Office of Management and Budget control number.