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

Forensic Firearm Training Request for Non-ATF Employees

Course of Interest				
Course ID	Course Title			
Participant Information				
Name (Last, first, middle initial)	Social Security Number (last 4 digits)	Rank/Title		
Department/Agency Name			Agency Type (Please check one)	
			Federal Loca	International Law Enforcement
			State Mili	tary
Department/Agency Address (Number, street	t, city, State, and ZIP code)			
Office Telephone Number (Including area code) Participant's E-1		nail Address	Leng	th of Time in Public Service
Supervisor's Name Sup	ervisor's Signature	Super	visor's E-mail Address	Telephone Number (Including area code)
Briefly describe your area of responsibility a	and duties. Include your exp	perience level w	ith the course title you a	re requesting.
For Serial Number Restoration or Toolmark NFEATraining@atf.gov OR to the individu	Identification and Comparisal e-mail listed on the cours	son Training e-r se website.	nail this form to:	
For further information contact: (202) 527-5 National Firearms Examiner Academy - ATF		the National Fi	rearms Examiner Acader	ny must apply using the Application for

Privacy Act Information

This 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.** This information collection is authorized under 5 U.S.C. §§ 301, 1302, 3301, 2204, and 7201, and 42 U.S.C. § 4222. The Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) is empowered to collect this information to administer forensic firearms investigative techniques training and ensure the eligibility of federal, state, local, military, and international law enforcement personnel.
- 2. **Purpose.** The primary purpose for collecting this information is to determine eligibility for registration as a student, to obtain course information, and to enable participation in ATF-provided training programs related to forensic firearms investigative techniques. This information will be used to verify identity and qualifications, and to plan, schedule, and conduct appropriate training.
- 3. Routine uses. The information provided may be disclosed to federal, state, local, and foreign law enforcement agencies or other entities for purposes directly related to administering the training, which includes verifying eligibility and maintaining training records. It may also be used in administrative or judicial proceedings, or as otherwise authorized by law. A complete list of routine uses can be found in the applicable System of Records Notice: Justice/ATF-001—Administrative Record System.
- 4. **Disclosure.** Providing this information is voluntary. However, failure to supply complete and accurate information may prevent ATF from determining eligibility for training courses and could preclude participation. Although providing the last four digits of a social security number (SSN) is voluntary, the SSN may be needed to verify identity, track law enforcement training history, and respond to inquiries related to training and qualifications.

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 ATF training.

The estimated average burden associated with this collection is 6 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestons for reducing this burden should be directed to the Reports Management Officer, Resource Management Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New york Ave, 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.