

Explosives Employee Possessor Questionnaire

EACH EMPLOYEE POSSESSOR MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE - ATF FORM 5400.28. In the future, if you need to add an additional Employee Possessor (EP) to your Federal Explosives License or Permit (FEL/P), the EP being added must complete a new ATF Form 5400.28. A Responsible Person (RP) must submit a signed written request along with a completed ATF Form 5400.28, granting permission to add a new EP to an existing FEL/P.

List any 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. See Instruction 1.)

1. Federal Explosives Licensee or Permittee Name Styles Inc DBA Hog Wild Pyrotechnics		2. Federal Explosives License or Permit Number (If being added to an existing FEL/P) 5-AR-007-51-4J-00821									
3. Name of Employee Possessor (Last, First, Middle) Stricker, Brandon, Todd		4. Aliases (Include given, married, maiden names, etc.)		5. Position/Title PYROTECHNICIAN							
6. Social Security Number (Voluntary)		7. Date of Birth (MM/DD/YYYY) 03/03/1993		8. Place of Birth (City & State OR Foreign Country) Rogers, AR							
9. Current Full Residential Address 1304 Valley Drive Gentry, AR 72734				10. Mailing Address (If different from residential address)							
11. Telephone Number (Including area code) 479-228-3004		12. E-mail Address Brandons8633@gmail.com		13. Driver's License or State ID Number (Include State of issuance) AR 929368457							
14. Previous Address(es) - (Please provide residential history and dates for the past five years. Use additional sheet(s) if necessary.)		15. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		16. Height 5 Feet 7 Inches		17. Weight 220 (lbs)		18. Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input checked="" type="checkbox"/> Hazel <input type="checkbox"/> Multiple <input type="checkbox"/> Pink <input type="checkbox"/> Other _____		19. Hair Color <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other _____	
		20. Ethnicity Hispanic or Latino <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
		21. Race (Please check one or more boxes.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White									
For the following questions give full details on a separate sheet for all "Yes" answers (See Instructions)										Yes	No
22. Have you ever been a Responsible Person or Employee Possessor for a Federal Explosives Licensee or Permittee? (If known, please include FEL/P Name and/or Number)											X
23. Will you be or are you an employee of the FEL/P listed in question 1?										X	
24. Will you have actual or constructive possession of explosive materials in the course of your employment? (See Definition 2)										X	
25. Have you ever been issued a letter of denial for your clearance to possess explosives by ATF?											X
26. Have you ever been granted Explosives Relief from Disability? (If so, please attach a copy of the relief letter.)											X
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?											X
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?											X
29. Are you a fugitive from justice?											X
30. Are you an unlawful user of or addicted to marijuana, any depressant, stimulant, narcotic drug, and/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.											X
31. Have you ever been adjudicated as a mental defective or committed to a mental institution?											X

	Yes	No
32. Have you been discharged from the Armed Forces under dishonorable conditions?		X

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))		X
35. Are you an alien who has been admitted to the United States for permanent residence? (18 U.S.C. § 842(i)(5)(A))		X
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))		X

37. If you are an alien, record your U.S.-Issued Alien or Admission Number (e.g., AR, USCIS, or I-94 number). **Attach supporting documentation to this questionnaire.**
(Please note that an employment authorization card insufficient to qualify to serve as an EP): _____

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 regarding this questionnaire (ATF Form 5400.28), 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	Brandon Stricker Printed Name	_____ Date
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*Note: A copy of this form may be used for your renewal submission (See instruction 2 and 3). I certify, under penalties of perjury, that my answers on this form are still true, accurate and complete.

Your Signature (For subsequent submission)	Date
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