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

## **Arson and Explosives 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)		Sex Rank/Title		
				Male Female		
Department/Agency Name		1	Ageno	cy Type (Please che	eck one)	
			Federal Local International Law Enforcement			
			State Military			
Hazardous Device School Basic Class	Number	HDS Certification E	vniration Dat	e·	Advanced Explosis	ves Disposal Techniques Graduation Date
Tidzardous Device Selioof Busic Class Ivalitoei		TIDS Certification Expiration D		ite. Travancea Expressives Disposar Techniques Graduation Date		
Department/Agency Address (Number	tate, and Zip Code)				Work E-Mail Address	
Office Telephone Number (Including a	irea code)	Fax Telephone	Number (Inc	ludin	g area code)	Length of Time in Public Service
			- la			
Supervisor's Name Supervisor's		Signature		rvisor's E-Mail Address		Telephone Number (Including area code)
D: (1 D :1 X/ A CD	11111 1D					
Briefly Describe Your Area of Respons	sibility and Dui	ies				
For Arson and Explosives Training						
E-mail this form to NCETR-mailbox@	atf.gov					
or the individual course e-mail as listed	d on the course	website.				
Contact Number: (256) 261-7500						
For Students Interested in the Natio	nal Firearms l	Examiner Academy	, Please Use	ATF	E-Form 6330.1.	
1 12 12 12 12 1			Act Informati			

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, relative to the collection of information from prospective students to attend the ATF Training.

- $1. \ \textbf{Authority}. \ 5 \ U.S.C. \ \S \ 1302, 3301, 3304, and \ 7201; 42 \ U.S.C. \ \S \ 4222; and \ 46 \ F.R. \ 16586.$
- 2. **Purpose**. The information requested on this form is necessary to process requests from prospective students to attend the ATF National Center for Explosives Training and Research training courses.
- 3. Routine Uses. The information will be used solely to process the student application form.
- 4. **Disclosure of your Social Security Number (SSN)**. Disclosure of the individual's SSN is voluntary. Under Executive Order 9367, ATF has the authority to solicit an individual's SSN. The SSN is used to verify the individual's identity. Failure to provide the SSN will delay the processing of an individual's application to attend ATF's arson and explosives training.

## 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 suggestions for reducing this burden should be directed to the Reports Management Officer, Resource Management Staff, Contracts and Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 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 OMB control number.