## **U.S. Department of Justice**

Bureau of Alcohol, Tobacco, Firearms and Explosives

## **Licensing Questionnaire**

Last Name:	First Name:	Middle Name:	Suffix:	SSN (last 4 digits):
individual must comply with so t compliance with these regulation. If you do not wish to respond to the Federal Regulations state that no compensated employment, stock, responsible person on a Federal	and the Bureau of Alcohol, Tobacchey can be granted access to ATF in a sand policies, you must respond to these questions, please sign and date ATF employee, his/her spouse, or his or proprietary interest in the alcohole Firearms License or Federal Explosion any ownership of, or interests in, the	formation, information technolog the questions below and sign and in the declination section below. is/her minor child shall directly on the distribution of the control of the control of the sives License or Permit.) You show	y systems, and/or ATF date this questionnaire indirectly have any fits industries. (This include be aware that you,	facilities. To ensure e in the certification section.  nancial interest, including ludes being listed as a
	children's legal names and dates of			en information on a separate
Last Name	First Name	Middle Na	ame S	uffix Date of Birth
Firearms License or Federa businesses, and, if applicab	lcohol, tobacco, firearms, or explositel Explosives License or Permit.) Yele, associated license/permit number	es No (If yes, provide thess.).	e business names and	addresses, types of
	minor child currently hold a Federa license/permit? N/A Yes 1.			rmit, would either of you inor child are unwilling to
	tionnaire: My responses to the abo that intentionally withholding, misr			
Signature:				Date:
	ing Questionnaire: I hereby declir or employment or service opportunit			loing so, ATF will make a
Signature:				Date:
	Pi	rivacy Act Statement		
The following information is provide	d pursuant to Sections 3 and 7(b) of the		(e)(3)):	

- 1. Authority. Solicitation of this information is made pursuant to Executive Orders 13764 and 13467. Disclosure of this information by the individual is voluntary.
- 2. Purpose. To determine the eligibility of the individual for employment, continued employment, or service opportunities with ATF based on its agency specific qualifications.
- 3. Routine uses. The information will be used by ATF to make a determination as set forth in the "Purpose" section above. This information becomes a part of the permanent personnel security record of all candidates, is included in Internal Security Record System Justice/ATF-006 (68 FR 3555-6), and is subject to all of the published routine uses of that system of records. Specifically, the information may be disclosed by ATF to third parties while making a determination as to the individual's fitness for employment or service opportunities with ATF.
- 4. **Effects of not supplying the requested information**. Failure to supply complete information may require ATF to determine an individual's eligibility for employment or service opportunities based on the information available.
- Disclosure of social security number. Disclosure of the individual's social security number is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's social security number. The number may be used to verify the individual's identity.
   ATF Form 8620.44