

## Application for Restoration of Explosives Privileges

1. Name (*Last, First, Middle*)

2. Birthplace ( <i>City &amp; State or Foreign Country</i> )	3. Date of Birth	4. Aliases	5. Social Security Number ( <i>Voluntary</i> )
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6a. Residence Address ( <i>No., Street, City, County, State, ZIP Code; cannot be a post office box</i> )	7a. Telephone Number
	7b. Cell Phone Number
6b. Mailing Address	7c. Email Address

8. Description

Ethnicity  
Are you Hispanic or Latino?     Yes     No

Race (*Check one or more boxes*)

American Indian or Alaska Native       Black or African American       Native Hawaiian or Other Pacific Islander

Asian       White

Sex	Height	Weight	Hair	Eyes
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9. Residences During Past Ten Years Beginning With Current Residence (*In columns (b) and (c) enter the months and years of residence.*)

Address ( <i>Number, Street, City, State Zip Code, and Country</i> ) <i>(a)</i>	From <i>(b)</i>	To <i>(c)</i>

10. Employment Record (*List present and prior employers and show month and year of employment.*)

Name and Address of Employer <i>(a)</i>	Position <i>(b)</i>	From <i>(c)</i>	To <i>(d)</i>

11. Convictions (*If pardoned for a conviction, write "yes" in column (e) and attach a certified copy of the pardon.*)

Specific Crime <i>(a)</i>	Name and Location of Court <i>(b)</i>	Sentence Received <i>(c)</i>	Conviction Date <i>(d)</i>	Pardoned <i>(e)</i>

12. Other Arrests

Charge <i>(a)</i>	Date and Place of Arrest <i>(b)</i>	Disposition <i>(c)</i>

13. Probation Officer's Name, Address and Telephone Number	14. Parole Officer's Name, Address and Telephone Number
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15. Character References (Three references are required. Please include a written statement from each of 3 references, who are not related to the applicant by blood or marriage and have known the applicant for at least 3 years, **recommending the granting of relief.**)

Name and Address (a)	Occupation (b)	Telephone Number (c)

16. Applicant Data (All questions must be answered by checking "Yes" or "No" box.)

Questions	Yes	No	Questions	Yes	No	
a. Are you a fugitive from justice?			g. Have you ever been discharged from the armed forces under dishonorable conditions? (If "yes," see Additional Information 4.)			
b. Are you an unlawful user of or addicted to marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?			h. Have you served on active duty in the armed forces? (If "yes," check Branch and complete following)			
c. Have you ever been convicted in any court of 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? (If "yes," see Additional Information 1.)			<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard			
			Service Serial Number			Date Entered Active Duty
			Kind of Discharge			Date of Discharge
d. Are you now on probation or parole?			i. Have you ever renounced your United States citizenship? (If "yes," see Additional Information 5.)			
e. 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? (An information is a formal accusation of a crime by a prosecutor.) (If "yes," see Additional Information 2.)			j. Are you an alien in the United States? (If "yes," see Additional Information 6.)			
f. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you been committed to a mental institution? (If "yes," see Additional Information 3.)			INS-issued alien number or admission number: _____			
			k. Have you ever applied for a Federal explosives license or permit? (If "yes," indicate date application filed.)			

17. Complete This Item Only if You Were Ever Issued a Federal Explosives License or Permit.

Business Name and Address (License/permit issued under)	License or Permit Number	Expiration Date of Latest License or Permit

The Business is (Check one)

Individually Owned       A Partnership       A Corporation       Other (Specify) \_\_\_\_\_

18. I Believe I Should Be Granted Relief Because:

**Under penalties imposed by 18 U.S.C. 844, I declare under penalties of perjury, the answers in this application are true, correct, and complete.**

19. Signature of Applicant	20. Date

**Note: Two Completed FD 258 (Fingerprint Identification Cards) Must Accompany This Application.**

<b>Mail Application Form To:</b> Bureau of Alcohol, Tobacco, Firearms and Explosives NCETR - Relief of Disabilities Section Corporal Road, Bldg. 3750, Redstone Arsenal, Huntsville, AL 35898 Phone Number 256-261-7640	<b>E-Mail Application To:</b> EROD@atf.gov
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**Additional Information**

Applications for restoration of explosives privileges must include the following information where applicable. Please note that any record or document of a court or other government entity or official required to be furnished as indicated below shall be certified by the court or other government entity or official as a true copy.

- (1) In the case of an applicant having been convicted of a crime punishable by imprisonment for a term exceeding one year, a certified copy of the indictment or information on which the applicant was convicted, the judgement of conviction or record of any plea of nolo contendere, or plea of guilty or finding of guilt by the court must be provided.
- (2) In the case of an applicant under indictment, a certified copy of the indictment or information must be provided.
- (3) In the case of an applicant who has been adjudicated a mental defective or committed to a mental institution, the following must be provided with your application: a certified copy of the order of a court, board, commission or other lawful authority that made the adjudication or ordered the commitment; any petition that sought to have the applicant so adjudicated or committed; any medical records reflecting the reasons for commitment and diagnosis of the applicant and any certified court order or finding of a court, board, commission, or other lawful authority showing the applicant's discharge from commitment, restoration of mental competency, and the restoration of rights.

- (4) In the case of an applicant who has been discharged from the Armed Forces under dishonorable conditions, a certified copy of the applicant's Certificate of Release or Discharge from Active Duty (Department of Defense Form 214), Charge Sheet (Department of Defense Form 458), and final court martial order must be provided.
- (5) In the case of an applicant who, having been a citizen of the United States, has renounced his or her citizenship, a certified copy of the formal renunciation of nationality before a diplomatic or consular officer of the United States in a foreign state, or before an officer designated by the Attorney General when the United States was in a state of war, must be provided. See 8 U.S.C. 1481(a)(5) and (6).
- (6) In the case of an applicant who is an alien, the following must be provided with your application: documentation that the applicant is an alien who has been lawfully admitted to the United States; certification from the applicant including the applicant's INS-issued alien number or admission number, country/countries of citizenship, and immigration status, and certifying that the applicant is legally authorized to work in the United States, or other purposes for which possession of explosives is required; certification from an appropriate law enforcement agency of the applicant's country of citizenship stating that the applicant does not have a criminal record; and, if applicable, certification from a Federal explosives licensee or permittee or other employer stating that the applicant is employed by the employer and must possess explosive materials for purposes of employment. These certifications must be submitted in English.

#### **Privacy Act Information**

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974:

1. **Authority.** Solicitation of this information is made pursuant to 18 U.S.C., Chapter 40. Disclosure of this information by the applicant is mandatory if the applicant wishes to seek relief from disabilities, i.e., restoration of explosive privileges.
2. **Purposes.** To determine whether the applicant is eligible to apply for relief from disabilities under 18 U.S.C. 845(b); and to determine whether the restoration of privileges should be granted.
3. **Routine Uses.** The information will be used by ATF to make the determinations set forth in paragraph 2. In addition, the information may be disclosed to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the regulation of explosives.
4. **Effects of Not Supplying the Information Requested.** Failure to supply complete information will delay processing and may cause denial of the application.
5. **Disclosure of Social Security Number.** Disclosure of the individual's social security number is voluntary. Solicitation of this information is made pursuant to 18 U.S.C. 845(b), and E.O. 9397, Nov. 22, 1943, and may be used to verify the identity of the applicant.

#### **Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information is required in order to determine whether or not explosives privileges may be restored. It is used to conduct an investigation to establish if it is likely that the applicant will act in a manner dangerous to public safety or contrary to public interest. The information is required in order to restore privileges under 18 U.S.C. 845(b)

The estimated average burden associated with this collection of information is 30 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 addressed to Reports Management Officer, Document Services Branch, 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 a currently valid OMB control number.

## Authority for Release of Information

**This Sheet Must Accompany All Copies of ATF Form 5400.29, Application for Restoration of Explosives Privileges**

1. **Authority.** The authority to solicit information is stated in ATF Form 5400.29, Application for Restoration of Explosives Privileges. This form is in compliance with the Privacy Act of 1974.
2. **Purpose and Use.** The information you supply by signing this release of information form will be used principally to aid in the completion of a background investigation conducted by the Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), pursuant to 18 U.S.C. 845(b), in conjunction with your Application for Restoration of Explosives Privileges.
3. **Effects of Nondisclosure.** Your signature on this Authority for Release of Information form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation, and may result in the denial of your application.

Name of Applicant <i>(Include Last, First, and Middle Name and all aliases used)</i>	Date of Birth
Present Address <i>(Number, Street, City, State, Zip Code, Country)</i>	Telephone Number <i>(Include Area Code)</i>

**This release, when presented by a duly authorized representative of the Department of Justice, will constitute my consent and authority 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 the Department of Justice (ATF):**

**Employment Information, Military Information, Records, Police and Criminal Records, Medical History**

Medical Information Records  
 If you answered "yes" to items 16(b) or (f) on ATF Form 5400.29, complete the following section.

Name of Attending Physicians, Alcohol, or Drug Abuse Rehabilitation Centers, or Mental Health Institutions	Address <i>(Including City, State and Zip Code)</i>	Area Code and Telephone Number

Signature of Applicant	Date	Special Agent <i>(Signature)</i>	Date
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