Bureau of Alcohol, Tobacco, Firearms and Explosives

Personal Identity Verification

Instructions: Homeland Security Presidential Directive (HSPD) 12 requires ATF to issue secure and reliable forms of identification to its personnel. To meet this requirement, a Personnel Security Division (PSD) staff member or Trusted Information Provider (TIP) must conduct an in-person personal identity verification (PIV) check on candidates for ATF employment and service provider positions (i.e., contractors). The TIP who is usually an ATF sponsor or point of contact serving as a sponsor, must review two forms of original, unexpired government-issued identification in order to verify the candidate's identity and citizenship. When a sponsor is unavailable, any ATF employee or non-ATF personnel (i.e., PSD vetted contractor, task force officer, or volunteer/intern) may serve as a TIP.

An individual conducting a PIV check must follow the instructions outlined in PSD's Guidelines for Conducting Personal Identity Verification Checks, which is located on PSD's page found under the Office of Professional Responsibility and Security Operations' link, on the ATF portal. The Guidelines provide information on acceptable forms of identification and steps for completing PIV checks.

Information on each original form of identification presented by the candidate must be reviewed **in-person** and documented below. Identification documents presented by the candidate must **not** be copied.

		Candidate Inform	ation	
L	ast Name:	First Name:	Middle Name:	Suffix:
Date of Birth:	Place of Birth (City, State):		Country of Birth:	
		Identification Infor	mation	
Type of Primary Federal/State Identification Reviewed:			Document Number (If applicable):	Expiration Date:
Type of Secondary Identification Reviewed:			Document Number (If applicable):	Expiration Date:
1. Does the prin	mary Federal or State identification	on contain a photograph? Yes	No 🗌	
2. Does the sec	condary form of identification con	tain a photograph? Yes No		
3. Do the name	es on both forms of identification	match? Yes No (If no,	explain in the Comments section below)	
4. Do the docu	ments appear to be fraudulent?	Yes No (If yes, explain	n in the Comments section below)	
Comments:				
Name of TIP:		TIP's E-mail Address:	TIP's Phone Number:	Date of Verification:
		Privacy Act Statem	ent	

 $The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. \S 552a(e)(3)): \\$

- 1. Authority. Solicitation of this information is made pursuant to Executive Orders 13764 and 13467 and HSPD 12.
- 2. Purpose. The information requested on this form will be used to verify and document the identity and citizenship of candidates for ATF employment and service provider positions.
- 3. Routine uses. The collected information will be used by ATF to determine the level of information and facilities access to grant a candidate for employment.
- Effects of not supplying the requested information. Failure to supply complete information may delay completion of Federal personnel security requirements and processing of access requests for a candidate for employment at ATF.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is used by ATF to document the identity and citizenship of candidates for ATF employment and service provider positions. The appropriate ATF office (*Personnel Security Division*) will maintain a copy of this form. It will be used to document the forms of identification presented by the candidate

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Report Management Officer, Resource Management Staff, Contracts and Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Avenue, NE., Washington, DC 20226.