

ATF Citizens’ Academy Application

Personal Background

First Name	Middle Name	Last Name
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List all other names (Nicknames, maiden name)

Date of Birth	Place of Birth	Sex
		Male <input type="checkbox"/>
		Female <input type="checkbox"/>

Current Full Address

Cell Phone	Work Phone	E-mail Address
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Emergency Contact		
Name of Contact Person	Relationship	Phone Number

Employment Information		
Current Employer	Full Business Address	Job Title

Organizational Membership

Which organizations, associations, and/or community groups do you belong? (Please list any other Citizens’ Academies attended along with the agency and year(s) of attendance)

How did you learn about ATF’s Citizens’ Academy? (If referred by an individual, please include the person’s name)

Why are you interested in attending ATF’s Citizens’ Academy?

How will your participation in ATF’s Citizens’ Academy benefit your community?

If selected to attend ATF’s Citizens’ Academy, would you be willing to support the Citizens’ Academy Alumni Association during community events and activities?    Yes ☐    No ☐

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**Authorization to Conduct Law Enforcement Check**

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Have you been arrested within the last 6 months? Yes ☐ No ☐

*(If yes, provide details including date(s), place(s), law enforcement agency, charges, court and disposition)(if more room is needed, please include information on an additional sheet)*

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Have you ever been convicted of a felony or serious misdemeanor? Yes ☐ No ☐

*(If yes, provide details including date(s), place(s), law enforcement agency, charges, court and disposition)(if more room is needed, please include information on an additional sheet)*

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I hereby authorize ATF to conduct a standard check of law enforcement records pursuant to my application to the ATF Citizens' Academy. I understand this check will include, but may not be limited to, any record of arrests, prosecutions, and/or convictions for criminal offenses at the State or Federal level. Any information obtained through this record check will be used exclusively to determine my eligibility for a security clearance to participate in the ATF's Citizens' Academy. My consent is valid for one year from the date of my authorization below. I also understand that concealing any material fact may result in rejection of my application to participate in ATF Citizens' Academy.

Print Full Name	Signature	Date
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E-mail application and authorization to: \_\_\_\_\_

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**Privacy Act Statement**

This information is provided pursuant to sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

1. **Authority.** This information is collected pursuant to 28 U.S.C. § 599A and 28 CFR 0.130, which authorize the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) to conduct activities necessary for administering programs such as the Citizens' Academy.
2. **Purpose.** The primary purpose of collecting this information is to determine the eligibility and suitability of individuals to participate in ATF's Citizens' Academy. This information will be used to verify identity, ensure compliance with program requirements, and assess whether the applicant is prohibited from possessing firearms or ammunition.
3. **Routine uses.** The information provided may be disclosed to federal, state, local, or other entities as authorized by law, and may be used in administrative or judicial proceedings, or for other lawful purposes. A complete list of routine uses can be found in the applicable System of Records Notice: Justice/ATF-001—Administrative Record System.
4. **Disclosure.** Providing this information is voluntary. However, failure to supply complete and accurate information may impact the determination of an individual's eligibility to participate in the Citizens' Academy.

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**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's Citizens' Academy.

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 Reports Management Officer, Resource Management Staff, Contracts and Form Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Ave, NE, 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 Office of Management and Budget control number.