

Licensing Questionnaire

Last Name:	First Name:	Middle Name:	Suffix:	SSN (last 4 digits):
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The Department of Justice (DOJ) and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) have specific regulations and policies that an individual must comply with so they can be granted access to ATF information, information technology systems, and/or unescorted access to ATF facilities. To ensure compliance with these regulations and policies, you must respond to the questions below and sign and date this questionnaire in the certification section.

Federal Regulations state that no ATF employee, his/her spouse, or his/her minor child shall directly or indirectly have any financial interest, including compensated employment, stock, or proprietary interest in the alcohol, tobacco, firearms, or explosives industries. *(This includes being listed as a responsible person on a Federal Firearms License or Federal Explosives License or Permit.)* You should be aware that you, your spouse, or your minor child may be asked to relinquish any ownership of, or interests in, the alcohol, tobacco, firearms, or explosives industries.

1. Provide spouse's and minor children's legal names and dates of birth *(If necessary, provide spouse and/or minor children information on a separate sheet of paper.)*

Last Name	First Name	Middle Name	Suffix	Date of Birth

2. Do you, your spouse, or your minor child directly or indirectly have any financial interest, including compensated employment, stock, or proprietary interest, in the alcohol, tobacco, firearms, or explosives industries? *(This includes being listed as a responsible person on a Federal Firearms License or Federal Explosives License or Permit.)* Yes No *(If yes, provide the business names and addresses, types of businesses, and, if applicable, associated license/permit numbers.)*

2a. If requested by ATF, would such financial interests be dissolved? N/A Yes No *(If no, please explain.)*

3. Do you, your spouse, or your minor child currently hold a Federal Firearms License or Federal Explosives License or Permit? *(Note: Personal Ownership of, or license/permit to carry, a firearm is not considered holding a Federal Firearms License.)* Yes No

3a. If you, your spouse, or your minor child currently hold a Federal Firearms License or Federal Explosives License or Permit, would the holder be willing to relinquish the license/permit? N/A Yes No *(If no, please explain.)*

Certification of Licensing Questionnaire: My responses to the above questions are true and correct to the best of my knowledge and belief and are made in good faith. I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative effect on my employment or service opportunities with ATF.

Signature:	Date:
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Privacy Act Statement

The following 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.** 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.
5. **Disclosure of Social Security Number (SSN).** Disclosure of the individual's SSN is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's SSN. The number may be used to verify the individual's identity.

Paperwork Reduction Act

This request is in accordance with the Paperwork Reduction Act of 1995. This information collection will be used to determine if a candidate for federal or contractor employment at the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), or his/her spouse, or minor child, holds a financial interest in the alcohol, tobacco, firearms, or explosives industries. The appropriate ATF office (*i.e.*, *Personnel Security Division*) will maintain a copy of this form. It will be used to document the authorized disclosure of background investigation information.

The estimated average burden associated with this collection is 5 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 Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Ave, N.E., 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.

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