U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Residency and Citizenship Questionnaire

Last Name:	First Name:		Middle Name:	Suffix:	SSN (last 4 digits):
Country of Birth:		Countries of Ci	itizenshin:		
ooming of British			·		
			Firearms and Explosives (ATF) have spec		
~ *			ormation, information technology (IT) system		
certification section.	e with these regulations	and policies, yo	ou must respond to the questions below and	sign and o	date this questionnaire in the
	The DOJ requires that	during three of t	the last five years, you have resided in the	United Sta	tes, worked for the
United States in a foreign country in a federal, military, or federally-sponsored capacity, and/or been a dependent of a federal or U.S. military					
employee in a foreign country. You may be asked to provide sufficient documentation to meet this residency requirement. Mark an "X" in the box					
that describes your residency over the past five years.					
I resided in the United States for three out of the last five years.					
I worked for the United States in a foreign country in a federal, military or federally-sponsored capacity for three of the last five years.					
I have been a dependent (includes spouse) of a federal or U.S. military employee in a foreign country for three of the last five years.					
For three of the last five years, I have met the residency requirement through a combination of the above three criteria.					
I do not meet any of the above requirements.					
must be a United States citi	zen or foreign national d in the Department of	legally permitte	equesting access to ATF information and/ord to reside in the United States. If you are raties in Force. A current list of these countries in Force.	a foreign	national, your country of
2a. Are you a United States citizen? Yes No (If no, respond to 2b, below.)					
2b. Are you a foreign national legally permitted to reside in the United States? Yes No					
Certification of Residency and Citizenship Questionnaire: My responses to the above questions are true and correct to the best of my knowledge and					
		entionally with	holding, misrepresenting, or falsifying info	mation wi	ll have a negative effect on my
employment or service opportu	nities with ATF.				
Signature:					Date:
Privacy Act Statement					
2. Purpose. The information will be a Routine uses. The information will security record of all candidates and Specifically, the information may be a Effects of not supplying the requestion opportunities with ATF based on the security records.	rmation is made pursuant to E used to determine the eligibilit l be used by ATF to make a de is included in Internal Security e disclosed by ATF to third parasted information. Failure to be information available. There (SSN). Disclosure of the	xecutive Orders 137 y of the individual for termination as set for Record System - Jus- ties while making a supply complete info	f 1974 (5 U.S.C. 552a(e)(3)): 64 and 13467. Disclosure of this information by the in or employment or service opportunities with ATF. rth in the Purpose section of this Statement. This infor tice/ATF-006 (68 FR 3555-6) and is subject to all of the determination as to the individual's fitness for employr tormation may require ATF to determine an individual's voluntary. Under Executive Order 9397, ATF has the a	mation becompublished rounent or service eligibility for	nes a part of the permanent personnel tine uses of that system of records. e opportunities with ATF. employment or service

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) meets U.S. residency and citizenship requirements. The appropriate ATF office (i.e., Personnel Security Division) will maintain a copy of this form. It will be used to document 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.