

Visitor Access Request

Instructions: This form must be completed by representatives from other Federal, State, and local agencies when requesting visitor access to Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) facilities to conduct official business. (**Note:** Federal personnel affiliated with the Department of Justice (DOJ) are not required to complete this form. However, they are required to follow the below Instructions.) Each requestor, or his/her supervisor, must complete the form and submit it to their agency's security office point of contact (POC), who will sign and date the certification. (**Note:** Visitors not affiliated with Federal law enforcement agencies must also submit ATF Form 8620.42, Police Check Inquiry, along with this form.)

The type of facility access granted (*i.e.*, escorted or unescorted) will be based on the law enforcement agency the visitor represents and their current security clearance/background investigation.

- DOJ affiliated personnel must have their security office complete the visitor access request process in the DOJ Justice Security Tracking and Adjudication Record System (JSTARS).
- Federal personnel not affiliated with DOJ must complete this form and have their security office certify it. The security office POC must email the completed form and a clearance certification directly to the Personnel Security Division (PSD) at PSDVerifications@atf.gov.

(**Note:** Clearance certifications must include the name/location of the ATF facility to be visited, dates and duration of access request, and ATF POC.)

- Non-Federal personnel (*i.e.*, representatives from State or local law enforcement agencies) must complete this form, along with ATF Form 8620.42, Police Check Inquiry. Their security office must certify this form and email both forms to PSDVerifications@atf.gov. (**Note:** Non-Federal personnel will be granted escorted access only.)

The Visitor Access Request form must be submitted to PSD at least seven business days prior to the scheduled meeting/event to ensure processing. The submission of late and incomplete forms will result in processing delays and possibly a denial of access to ATF facilities.

PSD personnel will conduct record checks on all individuals who submit a completed ATF Form 8620.71 and approve or deny their facility access request. If access is approved, PSD will complete the form, designate the level of approved access, and forward the form to the ATF facility POC for final coordination. If access is denied, PSD will document the reason for denial in the Comments section, and forward the form to the ATF facility POC and the requestor's security office POC.

(**Note:** Approval of this request does not authorize a visitor to access ATF information or information technology systems.)

Visitor Requiring Access

| | | | |
|---|----------------------------|---------------------------|-----------------|
| Last Name: | First Name: | Middle Name: | Suffix: |
| Other Names Used (<i>Maiden, nickname, etc.</i>): | Social Security Number: | Telephone Number: | E-mail Address: |
| Visitor's Agency: | Visitor's Agency Location: | Visitor's Position/Title: | |
| Purpose of ATF Facility Visit: Meeting <input type="checkbox"/> Task Force <input type="checkbox"/> Training <input type="checkbox"/> Other <input type="checkbox"/> | | | |

Level of Visitor's Current Security Clearance/Background Investigation:

ATF Meeting/Event Information

| | | | |
|---|--|------------------------------------|------------------------------|
| Date of Access Request: | Date(s) of Meeting/Event: | | |
| ATF Facility to Be Visited: | ATF Facility Location (<i>City and State</i>): | | |
| Name of Meeting/Event at ATF Facility: | Level of Security Clearance/Background Investigation Required to Participate in Meeting/Event: | | |
| Will attendance at this meeting/event be ongoing (<i>i.e.</i> , daily, weekly, monthly, quarterly, or semi-annually)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| ATF Facility POC: | ATF Facility POC E-mail Address: | ATF Facility POC Telephone Number: | ATF Facility POC Fax Number: |

Visitor's Security Office Information/Certification

| | | | |
|--------------------------------|---|---|---|
| Visitor's Security Office POC: | Visitor's Security Office POC E-mail Address: | Visitor's Security Office POC Telephone Number: | Visitor's Security Office POC Fax Number: |
|--------------------------------|---|---|---|

Security Officer's Certification: I have reviewed the responses to the above questions and, to the best of my knowledge, believe the responses to be true and correct.

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| Signature of Security Officer (<i>Electronic signature is acceptable</i>): | Date: |
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To be Completed by PSD Staff

The above-named official is Approved for Escorted Unescorted or Denied access to the above-named ATF facility for a period not to exceed one year. (*Note: Disapproval of facility access will be noted in the comments section below.*)

Comments:

| | |
|--------------------------|-------|
| PSD Certifying Official: | Date: |
|--------------------------|-------|

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 Executive Order 13764 and other applicable legal authorities permitting the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) to conduct security and background checks of individuals requiring visitor access to ATF facilities.
2. **Purpose.** The primary purpose of collecting this information is to determine whether individuals are eligible to be granted visitor access to ATF facilities. This information will be used to verify identity, conduct record checks, and establish the appropriate level of access.
3. **Routine uses.** The information provided may be disclosed to federal, state, local, or other entities for purposes directly related to facility security, which includes verifying identity and conducting background checks. It may also be used in administrative or judicial proceedings, or as otherwise authorized by law. A complete list of routine uses can be found in the applicable System of Records Notice: Justice/ATF-006—Internal Security Record System.
4. **Disclosure.** Providing this information is voluntary. However, failure to supply complete and accurate information may delay processing or result in denied access to ATF facilities. Although providing the social security number (SSN) is voluntary, the SSN may be needed to verify an individual's identity and ensure accurate determinations of eligibility for facility access.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected will be used to determine the eligibility of representatives from Federal, State and local law enforcement agencies for access granted to an ATF facility for official business. The appropriate ATF office (*Personnel Security Division*) will maintain a copy of this form. It will be used to document an agency's request for its personnel to be granted access to an ATF facility for official business and ATF's approval/disapproval of the request.

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 Reports Management Officer, Resource Management Staff, Contracts and Forms office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Avenue, NE., Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information that does not display a currently valid Office of Management and Budget control number.