## OMB No. 1140-0049 (09/30/2023)

## **U.S. Department of Justice** Bureau of Alcohol, Tobacco, Firearms and Explosives

## Application for National Firearms Examiner Academy

Name	Home Address				Social Security Number			
Date of Birth	Place of Birth							
Agency Name	Agency Address			Agency Telephone Number				
E- Mail Address	Present Position Title			Start Date as Examiner Trainee				
Are you a U.S. Citizen? Yes	Have you been the subject of a favorable background investigation with your agency? If so submit verification from your							
J No	agency.							
Name of Immediate Supervisor	Supervisor's E-ma	ul Address	ediate Supervisor's Telephone Number					
					-			
Previous Educational Experience (Applic course work in physical science, natural				c institution	with major			
College or University		Major	Degr	ee	Year			
Are You Assigned to A Training Officer?	If Yes, provide name, phone number	and e-mail address	How Many Train	nees for Your	r Position Are Pres	ently in Your Lab?		
How Many Qualified Full-time Firearms I	Yely Are You Curren	Are You Currently Following A Trainng Syllabus? If Yes, Which One.						
Working Cases?								
Related Occupational Experience								

Applicant's Signature		Date	Supervisor's Signature	Date			
Please mail or e-mail this form to:	·	·					
	National Laboratory Center						
	6000 Ammendale Road						
	Ammendale, MD 20705-1250						
	NFEATraining@atf.gov						
Questions Please Contact:	202-527-5078						

**Privacy Act Information** 

- 1. **Purpose.** The information requested on this form is necessary to process requests from prospective students to attend the ATF National Firearms Examiner Academy and to acquire firearms and toolmark examiner training.
- 2. Routine Uses. The information will be used solely to process the student application form.
- 3. **Disclosure of Social Security Number.** The supplying of this information is voluntary. The information is used to accurately verify the applicant's identity. Failure to do so will result in a delay in processing the application.

## **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 the ATF National Firearms Examiner Academy.

The estimated average burden associated with this collection of information is 10 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 address to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 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 OMB control number. ATF Form 6330. 1 Revised August 2017