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

OMB No. 1140-0076 (xx/xx/xxxx)

Request for Relief from Explosives Disability

1. Name *(last, first, middle)*

2. Birthplace *(city and state, or foreign country)*	3. Birthdate	4. Aliases	5. Social security number *(voluntary)*

6a. Residence address *(number, street, city, county, state, zip code; cannot be a post office box)*

7a. Telephone number

7b. Cell phone number

6b. Mailing address

7c. Email address

8. Description

Race or ethnicity (select all that apply)

☐ American Indian or Alaska Native ☐ Black or African American ☐ Middle Eastern or North African ☐ White

☐ Asian ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander

Sex	Height	Weight	Hair	Eyes

9. Residences during past ten years, beginning with current residence in chronological order without breaks *(in columns (b) and (c) enter the months and years residing at each place)*

Address *(number, street, city, state, zip code, and country)* *(a)*	From MM/YYYY *(b)*	To MM/YYYY *(c)*

10. Employment record *(list present and prior employers and show month and year you began)*

Name and address of employer *(number, street, city and state)* *(a)*	Position *(b)*	From MM/YYYY *(c)*	To MM/YYYY *(d)*

11. Convictions *(if pardoned for a conviction, write "yes" in column (e) and attach a certified copy of the pardon)*

Specific crime *(a)*	Name and location of court *(b)*	Sentence received *(c)*	Conviction date *(d)*	Pardoned *(e)*

12. Other arrests

Charge *(a)*	Arrest date and place *(b)*	Disposition *(c)*

13. Probation officer's name, address, and telephone number *(if applicable)*

14. Parole officer's name, address, and telephone number *(if applicable)*

15. Character references *(Include a written statement from each of three references -- who are not related to the applicant by blood or marriage and have known the applicant for at least three years -- recommending that ATF grant relied. You must include three references.)*

Name and address *(number, street, city, and state) (a)*	Occupation *(b)*	Telephone number *(c)*

16. Applicant data *(check either the "Yes" or "No" box; you must answer all questions)*

Questions	Yes	No
a. Are you a fugitive from justice?		
b. Are you an unlawful user of or addicted to marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?		
c. Have you ever been convicted in any court of a felony or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? *(if "yes," see Additional Information 1 and 2)*		
d. Are you now on probation or parole, or have not been discharged from probation or parole for at least two years?		
e. Are you under indictment or information in any court for a felony or any other crime for which the judge could imprison you for more than one year? *(an information is a formal accusation of a crime by a prosecutor) (if "yes," see Additional Information 3)*		
f. Have you ever been adjudicated mentally defective *(which includes having been adjudicated incompetent to manage your own affairs)* or have you been committed to a mental institution? *(if "yes," see Additional Information 4)*		
g. Have you ever been required by a court or other lawful authority to undergo mental health evaluation or treatment? *(if "yes," see Additional Information 5)*		

Questions	Yes	No
h. Have you ever been the subject of an order by a court or other lawful authority prohibiting your to receive or possess firearms? *(If "yes," see Additional Information 6)*		
i. Have you ever been discharged from the Armed Forces under dishonorable conditions? *(if "yes," see Additional Information 7)*		
j. Have you served on active duty in the Armed Forces? *(If "yes," check branch and complete fields below)* ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Space Force ☐ Coast Guard		
Service serial number / Date entered active duty		
Kind of discharge / Date of discharge		
k. Have you ever renounced your United States citizenship? *(if "yes," see Additional Information 8)*		
l. Are you an alien in the United States? *(if "yes," see Additional Information 9)* US-issued alien number or admission number: _____		
m. Have you ever applied for a federal explosives license or permit? *(if "yes," write date application filed)* _____		

17. Complete this item only if you were ever issued a federal explosives license or permit.

Business name and address *(license/permit issued under)*	License/permit number	Latest license/permit expiration date

The business is *(check one)*

☐ Individually owned ☐ A partnership ☐ A corporation ☐ Other *(specify)* _____

18. I believe I should be granted relief because:

Under penalties imposed by 18 U.S.C. 844, I declare, under penalties of perjury, the answers in this application are true, correct, and complete.

19. Applicant's signature	20. Date

Email this form and supporting documents to: E-Mail: EROD@atf.gov

Address: NCETR - Explosives Relief of Disabilities Program
Redstone Arsenal; Corporal Road, Bldg. 3750; Huntsville, AL 35898
Phone number: 256-261-7640

Notes: You must include a complete and legible set of your fingerprints with this application -- electronic *(such as .eft file)* or paper *(FD 258, fingerprint identification cards)*.

Additional Information

You **must include the following information** with this application (form) requesting relief from explosives disability, as applicable. You may submit all documents electronically if they are clear and legible. This includes electronic documents provided to you by the court or government entity or documents you scan.

Please note that you must submit certified copies (certified by the court or other government entity or official as a true copy) of any required court or other government entity/ official record or document.

(1) **Conviction:** Whether you have been convicted of a crime punishable by imprisonment for a term exceeding one year is determined under federal, not state law. A person remains "convicted" of an offense for purposes of the federal explosives laws even if they have been issued a state pardon, expunction, set aside, dismissal upon completion of sentence, deferred adjudication, reduction of offense after conviction, or restoration of civil rights.

(2) **If convicted:** If you have been convicted of a crime punishable by imprisonment for a term exceeding one year, you must provide with this form a certified copy of the indictment or information on which you were convicted, the judgment convicting you, a record of any plea you made of nolo contendere or guilty, or a record of a guilty finding by the court.

(3) **If under indictment:** If you are under indictment, you must provide with this form a certified copy of the indictment or information.

(4) **If adjudicated mentally defective or committed to a mental institution:** If you have been adjudicated a mental defective or committed to a mental institution, you must provide with this form (a) a certified copy of the order of a court, board, commission or other lawful authority that made the adjudication or ordered the commitment; (b) any petition that sought to have you adjudicated or committed; (c) any medical records reflecting the reasons you were committed and your diagnoses; and (d) any documentation showing that a court, board, commission, or other lawful authority has determined you have been restored to mental competency, are no longer suffering from a mental disorder, and should have all rights restored.

(5) **If ordered to undergo mental health evaluation or treatment:** If you have been required by a court or other lawful authority to undergo a mental health evaluation or treatment, you must provide with this form a certified copy of any order(s) issued by a court, or any other record (such as a police report) which authorized or required you to be admitted to a mental health facility for evaluation or treatment.

(6) **If prohibited from receiving or possessing firearms:** If you have been subject to an order by a court or other lawful authority prohibiting you from receiving or possessing firearms, you must provide with this form a certified copy of any such order.

(7) **If dishonorably discharged from the Armed Forces:** If you have been discharged from the Armed Forces under dishonorable conditions, you must provide with this form your full Certificate of Release or Discharge from Active Duty (Department of Defense Form 214), Charge Sheet (Department of Defense Form 458), and final court martial order.

(8) **If renounced citizenship:** If you were a United States citizen and renounced your United States citizenship, you must provide with this form your formal renunciation of nationality before a diplomatic or consular officer of the United States in a foreign state, or before an officer designated by the Attorney General when the United States was in a state of war. (See 8 U.S.C. 1481(a)(5) and (6).)

(9) **If an alien:** If you are an alien, you must provide with this form (a) documentation that you are an alien who is lawfully admitted to the United States; (b) your certification, in English, that you are legally authorized to work in the United States (or other purposes for which you are required to possess explosives), including your US-issued alien number or admission number, country/countries of citizenship, and immigration status; (c) certification, in English, from an appropriate law enforcement agency in your country of citizenship stating that you do not have a criminal record; and, (d) if applicable, certification, in English, from a federal explosives licensee/ permittee or other employer stating that they have employed you and that you must possess explosive materials for purposes of your employment with them.

Privacy Act Information

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:*** ATF is authorized to solicit this information under Title XI of the Organized Crime Control Act of 1970, as amended, including 18 U.S.C. §§ 842(i) and 845(b), in support of its responsibilities related to regulating explosive materials and considering requests for relief from federal explosives disabilities. Implementing regulations are in 27 CFR part 555, including 27 CFR § 555.142.
2. ***Purpose:*** ATF uses the information collected on ATF Form 5400.31, Request for Relief from Explosives Disability, to determine whether an applicant who is prohibited from shipping, transporting, receiving, or possessing explosive materials may be granted relief from that disability. ATF uses the information to verify the applicant's identity, determine whether the applicant is subject to a federal explosives disability, conduct background and suitability investigations, and assess whether the applicant's record and reputation demonstrate that the applicant is not likely to act in a manner dangerous to public safety and that granting relief would not be contrary to the public interest.
3. ***Routine uses:*** The information may be disclosed as permitted by the Privacy Act of 1974, 5 U.S.C. § 552a, and in accordance with System of Records Notice JUSTICE/ATF-008, Regulatory Enforcement Record System. Information may be shared with federal, state, local, tribal, territorial, or foreign law enforcement and regulatory or licensing agencies to verify information provided by the applicant, conduct background or compliance inquiries, determine eligibility for relief, support lawful enforcement or regulatory activities, or assist in legal proceedings where authorized. Information may also be disclosed to the Department of Justice when relevant to potential violations of federal law, litigation, legal advice, or other authorized Department functions.
4. ***Disclosure:*** Providing this information is required for ATF to process a request for relief from a federal explosives disability under 18 U.S.C. § 845(b) and 27 CFR § 555.142. Failing to provide complete and accurate information may delay request processing, prevent ATF from determining eligibility for relief, or result in ATF denying or closing the request.
5. ***Disclosing social security number:*** Disclosing your social security number is voluntary. ATF solicits this information pursuant to 18 U.S.C. 845(b), and E.O. 9397, Nov. 22, 1943, and may use the information to facilitate verifying the applicant's identity.

Paperwork Reduction Act Notice

ATF is conducting this information collection request in accordance with the Paperwork Reduction Act of 1995. ATF collects this information to determine whether or not it may restore explosives privileges under 18 U.S.C. 845(b), and uses the information to conduct an investigation into whether the applicant is likely to act in a manner dangerous to public safety or contrary to public interest. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB control number.

ATF estimates the average burden associated with this information collection is 20 minutes per respondent, depending on individual circumstances. Direct comments concerning the accuracy of this burden estimate and suggestions for reducing this burden to Reports Management Officer, Document Services Branch; Bureau of Alcohol, Tobacco, Firearms, and Explosives; 99 New York Ave, NE; Washington, DC 20226.

U.S. Department of Justice
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Consent and Authority to Release Information

Applicants: You must complete this page and include it when you submit ATF Form 5400.31, Request for Relief from Explosives Disabilities.

1. **Authority.** Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), solicits this information under its authority in 18 U.S.C. 845(b). ATF protects the information in this form and the information it receives when it presents this form in compliance with the Privacy Act of 1974.

2. **Purpose and use.** ATF will use the information you supply on this Consent and Authority to Release Information, and the information it receives in response to presenting this form to authorized officials, to aid in completing a background investigation pursuant to 18 U.S.C. 845(b), in conjunction with your Request for Relief from Explosives Disability, as described on ATF Form 5400.31 preceding pages, including the Privacy Act Information section.

3. **Effects of not supplying the requested information.** Your signature on this Consent and Authority to Release Information form is voluntary; however, failing to complete this form may mean that the required information cannot be obtained to complete your investigation, and may result in ATF denying your request for relief.

Applicant's name *(include last, first, and middle name and all aliases used)*	Birthdate
Present address *(number, street, city, state, zip code, country)*	Telephone number *(include area code)*

This release, when presented by a duly authorized representative of the Department of Justice (ATF), constitutes my consent and authority for you to permit the representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize you to release the following data or records to the Department of Justice (ATF):

Employment information, military information, records, police and criminal records, medical history

Medical information records

If you answered "yes" to items 16(b) or (f) on ATF Form 5400.31, complete the following section.

Name of attending physicians, alcohol or drug abuse rehabilitation centers, or mental health institutions	Address *(including city, state, and zip code)*	Area code and telephone number

Applicant's signature	Date	Special agent/investigator's signature	Date