

Police Check Inquiry

Instructions: ATF Form 8620.42 must be completed by non-ATF personnel and ATF sponsors (*COTRs or Points of Contact*) when requesting non-ATF personnel be granted escorted access to ATF facilities, non-sensitive information, and/or construction sites. Items 1-15 of this form must be completed by all non-ATF personnel requiring escorted access to ATF facilities, ATF non-sensitive information, and/or an ATF construction site for the purpose of performing low risk, non-sensitive duties for a period of 5 days or longer. Items 13 & 14 may be omitted if access is requested for 4 days or less. Once completed, non-ATF personnel must sign and date the form and forward it to the ATF sponsor. ATF sponsors will complete items 16-25 and forward this form to the Physical Security Programs Branch or appropriate Field Division personnel for processing.

1. Non-ATF Personnel's Assignment Status (*check one*): Contractor Vendor Other _____

To be Completed by Non-ATF Personnel

2. Last Name	3. First Name	4. Middle Name	5. Suffix	6. Social Security Number
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7. Date of Birth	8. Place of Birth (<i>State/Country</i>)	9. Citizenship	10. Sex
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11. Other Names Used (<i>Maiden, Nickname, etc.</i>)	12. If foreign born, provide the type and number for one of the following: alien registration, naturalization certificate, U.S. passport, or employment authorization card.		
	Type	Number	

13. Home Address (*provide residential history for past 5 years-use additional sheet(s) if necessary*)

From:	To:	Address	City	State

14. Employment History (*provide employment information for past 5 years-use additional sheets(s) if necessary*)

From:	To:	Employer Name	Address	City	State

15a. Ethnicity Origin
Hispanic or Latino Yes No A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

15b. Race (*mark one or more of the following categories*)

American Indian or Alaska Native <input type="checkbox"/>	A person having origin in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment.
Asian <input type="checkbox"/>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American <input type="checkbox"/>	A person having origins in any of the black, Haitian, or Negro racial groups of Africa.
Native Hawaiian or Other Pacific Island <input type="checkbox"/>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White <input type="checkbox"/>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I, _____, give my consent and permission for the Bureau of Alcohol, Tobacco, Firearms and Explosives (*ATF*) to conduct a police check inquiry for the purpose of granting me escorted access to ATF facilities and/or access to ATF non-sensitive information, or access to an ATF construction site. I understand that a felony conviction will automatically disqualify me. I understand that additional forms may be required by ATF for a more in-depth background investigation. I attest that the information provided is true.

Signature	Date
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To be Completed by ATF Sponsor (COTR/ POC)

16. Subject's Assigned ATF Office	17. Subject's Job Title	18. Assignment Duration Dates Beginning _____ Ending _____
19. Subject's Duties will Require the Following Escorted Access Facilities <input type="checkbox"/> ATF Non-Sensitive Information <input type="checkbox"/> Construction Site <input type="checkbox"/>		
20. ATF Sponsor Name	21. ATF Sponsor Address	22. Phone Number
23. Sponsor Signature		24. Date
25. Description of Duties and Other Remarks		

To be Completed by the Physical Security Programs Branch/Field Division

26. NCIC Conducted: ____/____/____ (Date) QH N/R <input type="checkbox"/> R <input type="checkbox"/> QW N/R <input type="checkbox"/> R <input type="checkbox"/> QPO N/R <input type="checkbox"/> R <input type="checkbox"/>	27. TECS Conducted: ____/____/____ (Date) SQ N/R <input type="checkbox"/> R <input type="checkbox"/>	28. NLETS Conducted: ____/____/____ (Date) States (identify below): _____ IQ N/R <input type="checkbox"/> R <input type="checkbox"/> _____ IQ N/R <input type="checkbox"/> R <input type="checkbox"/> _____ DQ N/R <input type="checkbox"/> R <input type="checkbox"/> _____ DQ N/R <input type="checkbox"/> R <input type="checkbox"/>	
Access Granted <input type="checkbox"/> Access Denied <input type="checkbox"/>	Signature of Authorized ATF Official	Title	Date

Instructions

ATF Form 8620.42 must be initiated by the COTR or ATF Point of Contact (POC) prior to granting escorted access to ATF facilities. Examples of positions that could be escorted are janitorial or short-term construction contractors who may be performing electrical or plumbing duties. The Physical Security Programs Branch or Field Division is responsible for conducting the required records and inquiry checks.

Items 1-15. Non-ATF personnel are responsible for completion of items 1 through 15. No item may be left unanswered.

Items 16-25. To be completed by ATF Sponsor (COTR or ATF POC).

Items 26-28. To be completed by the Physical Security Programs Branch or Field Division.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is used by ATF to screen prospective contractors for escorted access to ATF facilities, non-sensitive information, and /or construction sites. The appropriate ATF office (Physical Security Programs Branch or Field Division) will maintain a copy of this form with the results of the indices checks for the duration of the contract employment or for a minimum of 1 year, whichever is longer.

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 Report Management Officer, 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.

Privacy Act Statement

You are requested to furnish information regarding your race under the authority of 42 USC § 2000e - 16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

You are further requested to furnish your social security number (SSN) under authority of E.O. 9397, published 11/22/1943. That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of records. Furnishing your race and SSN is voluntary; however, your failure to provide the requested information may negatively impact ATF's ability to positively identify you in the Federal criminal justice records system.

Solicitation of this information is authorized as part of our investigative authorities devolving from E.O. 10450 and E.O. 12968. This information will be used by ATF to begin preliminary screening/investigation for security purposes.