

Reactivation Suitability Request

Instructions: This form is used when seeking suitability approval for a former ATF confidential informant (CI). The ATF special agent (SA) or ATF task force officer (TFO) who will serve as the handler for the potential CI must complete this form. All fields must be typed and completed in full. Handwritten forms are not acceptable. If additional space is needed, continue on a separate sheet. Before performing as a CI, the individual must be approved by the Special Agent in Charge (SAC) or his/her designee and, in some instances, by the CI Review Committee (CIRC) or Department of Justice. Sections I. through IX. pertain solely to the individual who will perform as a CI, if approved. Section X. pertains to the CI handler. Section XI. pertains to the review and decision regarding this request by agency officials. Utilize the Confidential Informant Master Registry and Reporting System (CIMRRS) to locate and utilize the existing CI number and record. If one does not exist, create a CI record in CIMRRS to generate the required CI number.

| | | |
|------------|-----------------------------------|-------|
| CI Number: | Legacy CI Number (if applicable): | Date: |
|------------|-----------------------------------|-------|

Privacy Notice: The Privacy Notice (located at the bottom of the form) was read aloud to the potential CI before gathering any information required by this form. CI Handler Initials:

I. Personal and Biographical Information

Instructions: Provide the legal name of the individual and all personal and biographical information. Verify the individual's identity by viewing an original, driver's license; an original birth certificate and a valid photo identification card; original U.S. passport; or, if the individual was not born in the United States, the individual's original immigration documentation. If a driver's license cannot be verified through a state database, the individual must also present an original birth certificate.

| | | | | | | |
|--|----------------------------------|--------------------|----------------------------------|--------------------|-----------------|----------------|
| Full Legal Name | 1. Last Name: | 2. First Name: | 3. Middle Name: | 4. Suffix: | | |
| 5. Date of Birth: | 6. Social Security Number (SSN): | 7. U.S. Citizen: | 8. Birth Country: | | | |
| 9. Birth State (if applicable): | | 10. Birth City: | 11. Country(ies) of Citizenship: | | | |
| 12. Sex: | 13. Race: | 14. Height (feet): | 15. Height (inches): | 16. Weight (lbs.): | 17. Hair Color: | 18. Eye Color: |
| 19. Aliases (Names, Dates of Birth, SSNs, etc.): | | | 20. Scars/Marks/Tattoos: | | | |

21. Select the Method Used to Verify the Individual's Identity:

| | | | | |
|--|----------------------------------|---------|---|------------------|
| a. Driver's License or State-Issued Identification Card <input type="checkbox"/> | Issuing State: | Number: | b. U.S. Passport <input type="checkbox"/> | Passport Number: |
| c. Naturalization Certificate and Photo Identification Card <input type="checkbox"/> | Certificate Number: | | Type of Identification Card: | |
| d. Birth Certificate and Photo Identification Card <input type="checkbox"/> | State Issuing Birth Certificate: | | Type of Identification Card: | |
| e. Other: (Applies only to international CIs living abroad.) Provide a detailed description of the documents used to verify the international CI's identity. | | | | |

II. Immigration Information

Instructions: If the individual is NOT a U.S. citizen, provide his/her immigration information. The Department of Homeland Security must approve in writing the use of any alien who entered the U.S. without authorization before he/she may serve as a CI. Attach a copy of the immigration documentation (e.g., approved deferred action, Resident Alien card, Permanent Resident card, etc.).

The individual is a U.S. citizen. Skip section II.

| | | |
|-------------------------|-----------------------------------|--------------------------------|
| 22. Immigration Status: | 23. Alien Number (if applicable): | 24. Immigration Documentation: |
| 25. Sponsoring Agency: | 26. Approval Date: | 27. Expiration Date: |

III. Residential, Employment, and Educational Information

Instructions: Provide the individual's current physical residential address, telephone, employment, and educational information. Identify the individual's pertinent skills and qualities, if applicable (e.g., *fluent in the Russian language, motorcycle mechanic, former straw purchaser*).

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|--|-----------------------|-----------|------------|---------------|
| 28. Residential Physical Address (Line 1): | 29. Address (Line 2): | 30. City: | 31. State: | 32. Zip Code: |
|--|-----------------------|-----------|------------|---------------|

33. International Address (Applies only to CIs living abroad.):

| | | |
|------------------------------|----------------------------|-----------------------------|
| 34. Mobile Telephone Number: | 35. Home Telephone Number: | 36. Other Telephone Number: |
|------------------------------|----------------------------|-----------------------------|

| | | | |
|---|-----------------------|-----------------|------------------------------|
| 37. Unemployed: <input type="checkbox"/> | 38. Name of Employer: | 39. Occupation: | 40. Duration (Years/Months): |
|---|-----------------------|-----------------|------------------------------|

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|---|-----------------------|-----------|------------|---------------|
| 41. Employer Physical Address (Line 1): | 42. Address (Line 2): | 43. City: | 44. State: | 45. Zip Code: |
|---|-----------------------|-----------|------------|---------------|

46. Employer International Address (If applicable):

| | | |
|------------------------|------------------------------------|--------------------------|
| 47. Supervisor's Name: | 48. Supervisor's Telephone Number: | 49. Source(s) of Income: |
|------------------------|------------------------------------|--------------------------|

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|---------------------------------|---------------------|---------------------------|
| 50. Highest Level of Education: | 51. Name of School: | 52. Skills and Qualities: |
|---------------------------------|---------------------|---------------------------|

IV. Criminal History and Conduct Information

Instructions: Provide information regarding the individual's criminal history, personal conduct, and criminal associations. Attach an additional page if more space is needed.

| | Yes | No |
|---|-----|----|
| 53. Has the individual been previously arrested? If no, move to question 66. | | |
| 54. Has the individual been arrested for crimes involving firearms, arson, or explosives? If yes, for each arrest, provide the date of arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest. | | |
| 55. Has the individual been arrested for crimes involving perjury, fraud, providing false information, or other arrests similar in nature? If yes, for each arrest, provide the date of arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest. | | |
| 56. Has the individual been arrested for crimes of a sexual nature? If yes, for each arrest, provide the date of arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest. | | |
| 57. Has the individual been arrested for crimes against a child/children? If yes, for each arrest, provide the date of arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest. | | |

Violent Crime - as defined by 18 U.S.C. Part 1, Chapter 1, Section 16: 1) An offense that has an element of the use, attempted use, or threatened use of physical force against the person or property of another; or 2) Any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

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|--|
| 58. Considering all arrests, how many times has the individual been arrested for non-violent crimes? 0 times <input type="checkbox"/> 1-5 times <input type="checkbox"/> 6-10 times <input type="checkbox"/> 11+ times <input type="checkbox"/> |
| 59. Considering all arrests, how many times has the individual been arrested for violent crimes? 0 times <input type="checkbox"/> 1-2 times <input type="checkbox"/> 3-4 times <input type="checkbox"/> 5+ times <input type="checkbox"/> |

| | | |
|-----------------------------------|-------------------------------|-------------------------------------|
| 60. FBI Universal Control Number: | 61. State Criminal Number(s): | 62. City/County Criminal Number(s): |
|-----------------------------------|-------------------------------|-------------------------------------|

63. Other Criminal Number(s). Provide an explanation for any other criminal number(s) identified.

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|------------------------------|---|
| 64. Parole/Probation Status: | The individual is not on parole or probation. Move to question 66. <input type="checkbox"/> |
|------------------------------|---|

65. Did the parole or probation officer approve use of the individual? Yes No

If yes, provide the name of the officer, name of the parole/probation office, and date of approval.

If no, provide the name of the officer, name of the parole/probation office, date of denial, and reason for denial.

66. Reputation and Associates: Is the individual currently or formerly affiliated with a criminal organization? If yes, provide details. Yes No

a. Level of the Organization:

b. What is or was their role in the criminal organization?

c. What is the recency of their affiliation with the criminal organization?

d. Was the individual's separation adversarial?

67. Substance Abuse/Misuse: Does the CI have any past or present misuse of a controlled substance(s) (including prescription medication).

Yes-Past Yes-Present No

If Yes-Past or Yes-Present, provide details:

V. Previously Furnished Information

Instructions: Provide detailed information regarding the individual's current and/or past performance as a CI. Attach an additional page if more space is needed.

68. Other Agency(ies): Is the individual currently supplying information to any other agency? Yes No

If yes, provide the following information for each other agency; 1) Name of Other Agency, 2) Title and Name other Agency's CI Handler, 3) Timeframe or duration the individual has supplied information to the other agency, 4) Was this handler contacted as a reference regarding the individual's reliability?, and 5) If so, was the reference favorable? If the reference was not favorable, why?

69. Prior Agency(ies): Has the individual previously supplied information to any other agency? Yes No

If yes, provide the following information for each prior agency; 1) Name of Prior Agency, 2) Title and Name of Prior Agency's CI Handler, 3) Timeframe or duration the individual has supplied informatin to the prior agency, 4) Was this handler contacted as a reference regarding the individual's reliability?, and 5) if so, was the reference favorable? If the reference was not favorable, why, Lastly, why did the relationship with the agency end?

70. Prior ATF CI: Has the individual previously supplied information to ATF (as a CI or otherwise)? Yes No

If yes, provide the following information: 1) Timeframe or duration when the individual previously supplied information to ATF, 2) Physical location (*i.e., city, state, field division/office*) of where the individual previously supplied information to ATF, 3) Name of prior ATF CI handler, and 4) Was this handler contacted as a reference regarding the individual's reliability? If the handler was not contacted as a reference, why?

If yes, why did the relationship with ATF end?

If the individual was removed for cause, provide the reason(s) why?

If the individual was removed for cause, provide mitigating reason(s) to approve this request for reactivation.

71. Law Enforcement Reference: Other than any person or persons mentioned above, were other law enforcement officials contacted regarding the individual's reliability? Yes No If yes, provide the following information: 1) Title and name of reference, 2) Agency associated with the reference and 3) Was the reference favorable? If the reference was not favorable, why?

72. Testify: Is this individual willing to testify in open court. Yes No

73. Credibility: If the individual previously testified in any capacity, were there any rulings against their credibility? Yes No Not Applicable
If yes, provide details regarding any rulings against the individual's credibility.

VI. Suitability

Instructions: Provide detailed and thorough information regarding the individual's suitability to perform as a CI. Attach an additional page if more space is needed.

74. Nature of the Information: Identify the nature of the information or assistance to be supplied and the nature and importance of the information to a present or potential investigation. Include whether the information can be corroborated.

75. Motivation: What is the individual's motivation in providing information or assistance?

76. False Information: Has the individual shown any indication of furnishing false information (*e.g., lying under oath, providing false identification to an office, etc.*)? Yes No If yes, explain in detail.

77. Nature of Relationship: Does the individual have a relationship with the subject or target of an existing investigation or prosecution that could potentially harm the investigation or prosecution? Yes No If yes, explain in detail.

78. Elevated Risk: Is there an elevated (*i.e., higher than normal*) risk of physical harm that may occur to the individual, his/her immediate family, or his/her close associates as a result of assisting? Yes No If yes, explain in detail.

79. Interest in Law Enforcement: Does the individual show under or unexpected interest in the law enforcement mission or operation? Yes No
 If yes, explain in detail.

80. Willingness to Take Risks: Does the individual demonstrate a willingness to take inappropriate risks? Yes No If yes, explain in detail.

81. Subject or Target: Is the individual believed to be a subject or target of a pending investigation, or is under arrest, or has been charged in a pending prosecution? Yes No If yes, explain in detail.

82. Mental or Emotional: Has the individual shown any indication of mental or emotional instability or unreliability? Yes No If yes, explain in detail.

83. Threat to Public: Does the individual possess a criminal threat or danger to the public? Yes No If yes, explain in detail.

84. Judicial Considerations: Have any arrangements been made between a federal prosecuting office, a state or local prosecuting office, or any law enforcement agency (*if available and known to ATF*) in return for providing information or assistance to any federal, state, or local agency? Yes No If yes, explain in detail.

85. Flight Risk: Does the individual pose a flight risk? Yes No If yes, explain in detail.

86. Relocated Witness: Is the individual a relocated witness? Yes No If yes, explain in detail.

87. Anticipated Relocation: Is relocation anticipated for this individual? Yes No If yes, explain in detail.

88. Relatives: Is the individual related to any employee of a law enforcement agency? Yes No If yes, provide the name of the individual(s) the relationship, the law enforcement agency, and the position the individual occupies.

89. Special Category: Select all applicable special categories for the individual. If a special categories applies, a determination must be made by the SAC. Those special categories with an asterik (*) will require Headquarter's coordination for a higher level (*e.g., CIRC, DOJ*) review and determination.

| | | | |
|---|--|---|--|
| Active military member (<i>including reserves and National Guard</i>) | | Media representative or affiliate* | |
| Alien (<i>i.e., non-U.S. citizen, illegally present in the U.S., but sponsored by ATF or another federal, state, or local law enforcement organization</i>) | | Public official - federal level | |
| | | Public official - local level | |
| Federal BOP employee* | | Public official - state level | |
| Federal Explosives Licensee (<i>current or prior</i>)* | | State or local prisoner or detainee (<i>in state or local custody</i>) | |
| Federal Firearms Licensee (<i>current or prior</i>)* | | State or local probationer/parolee (<i>in state or local custody</i>) | |
| Federal probationer or supervised releasee | | Under obligation of legal privilege or confidentiality (<i>e.g., attorney, priest</i>)* | |
| Foreign National (<i>i.e., non-U.S. citizen, legally present in the U.S., permanent resident or resident alien</i>) | | WITSEC participant - current* | |
| | | WITSEC participant - former* | |
| High-level leader of criminal organization* | | Other: | |
| International (<i>i.e., non-U.S. citizen living in home country or abroad</i>) | | | |

90. Special Category Explanation: If any of the above special categories apply, provide a detailed description/explanation.

91. If the individual is under the obligation of a legal privilege of confidentiality, is the individual privacy to case-related information?

Yes No Not Applicable

92. CI Record Review:

| | Yes | No |
|---|-----|----|
| A complete review of the individual's prior ATF CI file (<i>paper or electronic</i>) was conducted. | | |
| A complete review of the individual's CI record in CIMRRS was conducted. | | |
| The individual's prior ATF paper file (<i>if applicable</i>) was uploaded into the CI record in CIMRRS. | | |
| The data in the CI record in CIMRRS was updated (<i>if necessary</i>) and is current. | | |
| If the response was "NO" to any of the above, explain. | | |

VII. Additional Remarks

Instructions: Provide any additional information believed to be relevant (*favorable or unfavorable*) regarding the individual's suitability to perform as a CI.

93. Remarks:

VIII. Indices Checks

Instructions: At a minimum, conduct the listed criminal history checks on the individual. Indicate if the individual has a record or no record. Identify any additional check(s) conducted. Use an additional sheet of paper, if necessary. Indices checks must be completed on the individual's legal name and aliases (*e.g., names, dates of birth, SSNs*). Attach the results of the indices checks regardless of whether the individual has a record.

| System/Check | Record/No Record | System/Check | Record/No Record |
|--|------------------|-------------------|------------------|
| NCIC - QH | | NLETS - IQ State: | |
| NCIC - QR | | NLETS - IQ State: | |
| NCIC - QW | | NLETS - IQ State: | |
| TECS | | NLETS - FQ State: | |
| FLS | | NLETS - FQ State: | |
| NLETS - IAQ (<i>if non-U.S. citizen</i>) | | NLETS - DQ | |
| Other: | | NLETS - KQ | |

IX. Attachments

Instructions: The CI handler must initial to indicate the documents are included.

| Title | Initial |
|---|---------|
| ATF Form 3252.2, Informant Agreement or ATF Form 3252.3, Informant Agreement (<i>Spanish Version</i>) (<i>Required</i>) | |
| Fingerprint Cards FD-258 - Three complete sets | |
| Current color photographs (front and side views) (<i>Required</i>) | |
| State and federal criminal history check results (<i>NCIC -QH & QR</i>) (<i>Required</i>) | |
| State and federal warrant check results (<i>NCIC - QW</i>) (<i>Required</i>) | |
| State criminal history check results (<i>NLETS - IQ & FQ</i>) (<i>Required</i>) | |
| State Driver's License check results (<i>NLETS - DQ & KQ</i>) (<i>Required</i>) | |
| Immigration Alien Query check results (<i>NLETS -IAQ</i>) (<i>Required if non-U.S. citizen</i>) | |
| Treasury Enforcement Communications System check results (<i>TECS</i>) (<i>Required</i>) | |
| Federal Licensing System check results (<i>FLS</i>) (<i>Required</i>) | |
| Copy of immigration documentation (<i>Required if non-U.S. citizen residing in the U.S.</i>) | |
| Other/miscellaneous: | |
| Other/miscellaneous: | |

X. Handler Information

Instructions: Provide information regarding the CI handler. The CI handler must electronically sign and date the request, then start the Reactivation Suitability Request in CIMRRS.

| | | | |
|-----------------|------------|---------------|-----------------------------|
| Name of Handler | Last Name: | First Name: | Title (<i>SA or TFO</i>): |
| Field Division: | | Field Office: | Telephone Number: |

The undersigned obtained this information directly from the individual for whom this request is being sought; indices checks completed on the individual's legal name and aliases; and law enforcement and/or legal references. The undersigned reviewed the content and meaning of ATF Form 3252.2, Informant Agreement, with the individual in the presence of another law enforcement officer. The undersigned accepts responsibility for management and oversight of the CI.

Electronic Signature and Date:

XI. Review and Decision

Management officials must complete their review and record their decision in CIMRRS. This section is only completed by management officials in an **emergency situation** where CIMRRS is not immediately available.

Instructions: Provide information regarding the Resident Agent in Charge (*RAC*) or Group Supervisor (*GS*). The RAC or GS must approve or deny the request. The RAC or GS must electronically sign and date, below, unless the decision is made and recorded electronically in CIMRRS.

| | | | |
|---------------------|---|-------------|-----------------------------|
| Name of RAC or GS | Last Name: | First Name: | Title (<i>RAC or GS</i>): |
| RAC or GS Decision: | <input type="checkbox"/> Approve. The undersigned recommends approval of the individual and accepts responsibility for management and oversight of the CI. | | |
| | <input type="checkbox"/> Deny. The request for this individual is denied. | | |

Electronic Signature and Date:

Instructions: Provide information regarding the Special Agent in Charge (*SAC*) (or his/her designee, i.e., *Assistant Special Agent in Charge (ASAC)*). The SAC or his/her designee must approve or deny the request. The SAC or his/her designee must electronically sign and date, below, unless the decision is made and recorded electronically in CIMRRS. If a special category applies to the individual, the SAC must make the determination not his/her designee.

| | | | |
|-----------------------|---|-------------|-------------------------------|
| Name of SAC or ASAC | Last Name: | First Name: | Title (<i>SAC or ASAC</i>): |
| SAC or ASAC Decision: | <input type="checkbox"/> Approve. The reactivation request for this individual is approved. The undersigned accepts responsibility for management and oversight of the CI. | | |
| | <input type="checkbox"/> Approval Recommended. The individual cannot be utilized until a higher level (e.g., <i>CIRC, DOJ</i>) review and determination is made. | | |
| | <input type="checkbox"/> Deny. The request for this individual is denied. | | |

Electronic Signature and Date:

Privacy Notice

- Authority:** ATF derives its authority to collect this information from 28 USC § 599A, Bureau of Alcohol, Tobacco, Firearms, and Explosives and 28 CFR § 0.130, General functions.
- Purpose:** ATF will use this information to determine the eligibility and suitability of the individual to become a confidential informant.
- Routine Uses:** The information will be used by ATF personnel for the purposes stated above. The information becomes a part of the confidential informant record and is included in Criminal Investigation Report System-Justice/ATF-003 (68 FR 3553-5) and is subject to paragraphs A., C., E., F., and M. of the published routine uses of that system of records. Specifically, ATF may disclose the information with other law enforcement or other government agencies, as necessary for criminal investigation and/or litigation purposes.
- Disclosure:** Furnishing this information is voluntary; however, failure to furnish the requested information will prevent the formation of a confidential informant relationship with the ATF.