

**Forensic Firearm Training Request for
Non-ATF Employees****Course of Interest**

Course ID	Course Title
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Participant Information

Name <i>(Last, first, middle initial)</i>	Social Security Number <i>(last 4 digits)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Rank/Title
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Department/Agency Name	Agency Type <i>(Please check one)</i> <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> International Law Enforcement <input type="checkbox"/> State <input type="checkbox"/> Military
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Department/Agency Address *(Number, street, city, State, and ZIP code)*

Office Telephone Number <i>(Including area code)</i>	Participant's E-mail Address	Length of Time in Public Service
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Supervisor's Name	Supervisor's Signature	Supervisor's E-mail Address	Telephone Number <i>(Including area code)</i>
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Briefly describe your area of responsibility and duties. Include your experience level with the course title you are requesting.

For Serial Number Restoration or Toolmark Identification and Comparison Training e-mail this form to:
NFEATraining@atf.gov **OR** to the individual e-mail listed on the course website.

For further information contact: (202) 527-5078. Students interested in the National Firearms Examiner Academy must apply using the Application for National Firearms Examiner Academy - ATF Form 6330.1

Privacy Act Information

This information is provided pursuant Sections 3 and 7(b) of Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

- Authority.** 5 U.S.C. §§ 301, 1302, 3301, 2204 and 7201. 42 U.S.C § 4222.
- Purpose.** The information requested on this form will be used to determine the eligibility of Federal, State, local, military and international law enforcement personnel to complete student registration, obtain course information, and evaluate training programs conducted by ATF.
- Routine Uses.** The information will be used by ATF to make a determination as set forth in the Purpose section of this statement. Disclosure upon request to the individual, the individual's parent agency, or any other individual or agency is on a need to know basis.
- Effects of Nondisclosure.** Failure to supply complete information will require ATF to determine an individual's eligibility to participate in ATF training courses based on available information.
- Disclosure of Social Security Number (SSN).** Disclosure of the SSN is voluntary. Under executive order 9367, ATF has the right to solicit an individual's SSN. The number may be used to verify the individual's identity.

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 ATF training.

The estimated average burden associated with this collection is 6 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 directed to the Reports Management Officer, Resource Management Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Ave, NE., 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 Office of Management and Budget control number.