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

## Application for National Firearms Examiner Academy

Name	Home Add	ress		Date of Birth	Social Security N	Social Security Number	
Agency Name	Agency Ad	dress		<u> </u>	Agency Telephor	Agency Telephone Number	
E-Mail Address	Present Pos	Present Position Title			Start Date as Exam	Start Date as Examiner Trainee	
Name of Immediate Supervisor	Supervisor's E-r		nail Address		Immediate Supervi	Immediate Supervisor's Telephone Number	
Previous Educational Experience (A course work in physical science, nat or related field.)							
College or University			Major		Degree	Year	
Are You Assigned to A Training Officer? If Yes, Name.			How Many Trainees for Your Position Are Presently in Your Lab?				
How Many Qualified Full-time Firearms Examiners Are in Your Lab			Are You C	Are You Currently Following A Training Syllabus? If Yes, Which One.			
Related Occupational Experience						J	
Applicant's Signature		Date	Supervisor	's Signature		Date	
Please mail or fax this form to:	National Firearms Examiner Academy National Laboratory Center 6000 Ammendale Road Ammendale, MD 20705-1250 Contact Number: (202) 648-6060 / (202) 648-6061 Fax Number: (202) 648-6065						

2) 046-0003

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, but failure to do so may result in a denial of this request.

## 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 addressed 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.