

When: Fall 2010

Wednesday Evenings 6:30 pm - 9:00 pm Dates to be announced (tentative October 2010)

#### **Course Curriculum:**

ATF history and agency overview
Certified Explosives Specialist program
Certified Fire Investigator program
Explosives Detection Canine
Explosives regulations
FFL inspections and firearms regulations
ATF Mobile Laboratory
"Shoot, Don't Shoot" Training Simulator
Firearms Range day
Special Response Team
Case study presentations
Southern California Regional Crime Gun Center

#### **Eligibility:**

- Must be a civic, religious or community leader
- Must be at least 21 years old (with no prior felony convictions)
- Must complete an Application and Authorization to Conduct a Law Enforcement Check
- Must live and/or work within the jurisdiction of the Los Angeles Field Division.

To apply for the Los Angeles Field Division's Citizens' Academy, please complete an Application and Authorization form.

Mail or fax application to the following address:

Bureau of ATF – Citizens' Academy Attn: S/A Christian Hoffman 550 N. Brand Blvd., Suite #800 Glendale, CA 91203

Questions: Please call (818) 265-2500 or via email at <a href="mailto:christian.Hoffman@atf.gov">christian.Hoffman@atf.gov</a>



## PERSONAL BACKGROUND

| Name:                   |                       |                 |  |
|-------------------------|-----------------------|-----------------|--|
| First                   | Middle                | Last            |  |
| List all other names (n | icknames, maiden name | ):              |  |
|                         |                       |                 |  |
| Date of Birth:          | Place of Birth:       | Place of Birth: |  |
| Gender:                 | MaleFemale            |                 |  |
| Social Security Number  | er:                   |                 |  |
| Current Address:        |                       |                 |  |
|                         |                       |                 |  |
| Home Phone:             | Cellu                 | lar Phone:      |  |
| Work Phone:             | Page                  | r:              |  |
| Email Address:          |                       |                 |  |
| EMERGENCY CONT          | TACT:                 |                 |  |
| Name/Relationship:      |                       |                 |  |
| Phone Number:           |                       |                 |  |
| Shirt Siza (Man's Polo  | Style)                |                 |  |



## **EMPLOYMENT INFORMATION**

| Current Employer:   |
|---|
| Business Address:   |
| Job Title:  |
| Description of business/duties:   |
| ORGANIZATIONAL MEMBERSHIP   |
| List organizations, associations or community groups to which you belong: |
|   |
|   |
|   |
|   |
| How did you learn of the ATF Citizens' Academy?                           |
|   |
| Nominated By Whom?:   |
|   |



# **Authorization to Conduct Law Enforcement Check (Page 3 of 3)**

| Have you been arres   | sted within the last   | 6 months?   |
|---|--|---|
| Yes   | No   |   |
| Have you ever been  | convicted of a felor   | ny or serious misdemeanor?  |
| Yes   | No   |   |
| If you answered YE law enforcement ago  | _  | n, please provide details including date, place, t and disposition:   |
| pursuant to my appl<br>will include, but not<br>for criminal or civil<br>this record check wi | lication to the ATF be limited to, any p offenses, state or F ll be used exclusive | tandard check of law enforcement records Citizens' Academy. I understand this check record of arrests, prosecutions or convictions dederal. Any information obtained through ely for the purpose of determining my articipate in the ATF Citizens' Academy. |
| My consent is valid   | for one year from t  | the date of my authorization appearing below.   |
|   | O  | terial fact on this application can be the basis ATF Citizens' Academy.   |
| Printed Full Name   |  | Signature   |
| Date:   |  |   |
|   |  | an  |

Glendale, CA 91203