

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

Application for National Firearms Examiner Academy

Name	Home Address	Date of Birth	Social Security Number
Agency Name	Agency Address		Agency Telephone Number
E-Mail Address	Present Position Title		Start Date as Examiner Trainee
Name of Immediate Supervisor		Supervisor's E-mail Address	Immediate Supervisor's Telephone Number
Previous Educational Experience <i>(Applicant must possess an earned baccalaureate degree from an accredited academic institution with major course work in physical science, natural science, forensic science, criminalistics, criminal justice, police science, industrial technology, engineering, or related field.)</i>			
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 Currently Following A Training Syllabus? If Yes, Which One.	
Related Occupational Experience			

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: (240) 264-1401
Fax Number: (240) 264-1487

Privacy Act Information

- 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.
- Routine Uses.** The information will be used solely to process the student application form.
- 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.