

Employee Possessor Questionnaire

Who needs to complete this form? This questionnaire MUST be completed by EACH employee possessor of a Federal explosives licensee or permittee or applicant, unless otherwise provided. (See reverse for definition of employee possessor.)

For ATF Use Only
RDS KEY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Employee Possessor Information and Certification

Print the Requested Information in Block Letters.	Explosives Applicant Business or Operations Name
1. Last Name	14. Name and address of explosives business or operations at which you are an employee possessor.
2. First Name	15. Your position in the explosives business or operations.
3. Middle Name	16. Federal explosives license/permit number for explosives business/operations.
4. Name Suffix, if any (e.g., Sr., Jr., II)	17a. What is your Country of Citizenship?
5. Other Names Used - Including Maiden Name	17b. If you have citizenship in additional countries, please list.
6. Social Security Number (<i>Voluntary, will help prevent misidentification</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If you indicated above you are a United States citizen, skip to question 18.
7. Place of Birth (City and State - or - City and Foreign Country)	17c. What is your U.S. Immigration and Naturalization Service (INS)-issued alien number or admission number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	The following questions must be answered with a "YES" or "NO" in the box.
9. Race/Ethnicity (Check one or more boxes)	18. Are you a fugitive from justice?
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	19. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?
10. Sex (Check one box) <input type="checkbox"/> Male <input type="checkbox"/> Female	20. Have you ever been convicted in any court of a felony , or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? (See Definition 1, Exception 1.)
11. Home Telephone Number (Include area code)	21. Are you under indictment or information in any court for a felony , or any crime, for which the judge could imprison you for more than one year? (An information is a formal accusation of a crime by a prosecutor. See Definition 1.)
12. Work Telephone Number (Include area code and extension)	22. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?
Home Address	23. Have you ever been discharged from the Armed Forces under dishonorable conditions?
13a. Street Address	24. Have you ever renounced your United States citizenship?
13b. Street Address (Continuation)	25. Are you an alien in the United States? If "YES," attach an explanatory statement showing that you are a lawful permanent resident. (See Definition 3, Exception 2.) (Generally, if you are an alien [except for a lawful permanent resident alien], you cannot possess explosive materials.)
13c. Apt. Number	<input type="checkbox"/> Statement attached.
13d. City	
13e. State or Province, Country (if outside the United States)	
13f. Zip Code/Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Under the penalties imposed by 18 U.S.C. 844, I, _____, *Print Your Full Name*, certify under penalties of perjury that the answers on this questionnaire are true, correct, and complete.

Your Signature	Date
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