

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., III)	17a. List All Countries of Citizenship?
5. Other Names Used - Including Maiden Name	If you indicated above you are a United States citizen, skip to question 18.
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"/>	
7. Place of Birth (City and State - or - City and Foreign Country)	17b. What is your U.S.-issued alien number or admission number?
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". (See the "Note" at the bottom of the page.)
9. Race/Ethnicity (Check one or more boxes)	18. Are you a fugitive from justice?
American Indian or Alaskan Native <input type="checkbox"/>	19. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?
Asian <input type="checkbox"/>	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.)
Black or African American <input type="checkbox"/>	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.)
Hispanic <input type="checkbox"/>	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?
Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	23. Have you ever been discharged from the Armed Forces under dishonorable conditions?
White <input type="checkbox"/>	24. Have you ever renounced your United States citizenship?
10. Sex (Check one box) Male <input type="checkbox"/> Female <input type="checkbox"/>	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.) <input type="checkbox"/> Statement Attached.
11. Home Telephone Number (Include area code)	
12. Work Telephone Number (Include area code and extension)	
Home Address	
13a. Street Address	
13b. Apt. Number	
13c. City	
13d. State - or - Province, Foreign Country	
13e. 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"/>	

Under the penalties imposed by Federal law, I, _____, certify under the penalty of perjury that the answers on this questionnaire are true, accurate and complete. (Print Your Full Name)

Your Signature	Date
-----------------------	-------------

*Note: A copy of this form may be used for your renewal submission. See instruction #2 and #3. I certify, under penalties of perjury, that my answers on form are true, accurate and complete.

Your Signature (For second submission)	Date
--	------