

**DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS  
APPLICATION FOR RESTORATION OF EXPLOSIVES PRIVILEGES**

1. NAME (Last, First, Middle)

2. BIRTHPLACE (City & State)	3. DATE OF BIRTH	4. ALIASES	5. SOCIAL SECURITY NUMBER (Voluntary)
6. PRESENT ADDRESS (Number, Street, City, State, Zip Code)			7. TELEPHONE NUMBER

8. DESCRIPTION

RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES
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9. RESIDENCES DURING PAST TEN YEARS BEGINNING WITH CURRENT RESIDENCE (In columns (b) and (c) enter the months and years of residence.)

ADDRESS (Number, Street, City, State and Zip Code) (a)	FROM (b)	TO (c)

10. EMPLOYMENT RECORD (List present and prior employers and show month and year of employment.)

NAME AND ADDRESS OF EMPLOYER (a)	POSITION (b)	FROM (c)	TO (d)

11. CONVICTIONS (If pardoned for a conviction, write "yes" in column (e) and attach a copy of the pardon.)

SPECIFIC CRIME (a)	NAME AND LOCATION OF COURT (b)	SENTENCE RECEIVED (c)	CONVICTION DATE (d)	PARDONED (e)

12. OTHER ARRESTS

CHARGE (a)	DATE AND PLACE OF ARREST (b)	DISPOSITION (c)

13. PROBATION OFFICER'S NAME, ADDRESS AND TELEPHONE NUMBER	14. PAROLE OFFICER'S NAME, ADDRESS AND TELEPHONE NUMBER
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15. CHARACTER REFERENCES (Three references are required. Please include a written statement from each of 3 references, who are not related to the applicant by blood or marriage and have known the applicant for at least 3 years, recommending the granting of relief.)

NAME AND ADDRESS (a)	OCCUPATION (b)	TELEPHONE NUMBER (c)

16. APPLICANT DATA (All questions must be answered by checking "Yes" or "No" box.)

QUESTIONS		YES	NO	QUESTIONS		YES	NO
a.	ARE YOU A FUGITIVE FROM JUSTICE?			g.	HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS? (If "yes," see Additional Information Request 4.)		
b.	ARE YOU AN UNLAWFUL USER OF OR ADDICTED TO MARIJUANA OR ANY DEPRESSANT, STIMULANT, OR NARCOTIC DRUG, OR ANY OTHER CONTROLLED SUBSTANCE?			h.	HAVE YOU SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "yes," check Branch and complete following) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD		
c.	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? (If "yes," see Additional Information Request 1.)			SERVICE SERIAL NUMBER		DATE ENTERED ACTIVE DUTY	
d.	ARE YOU NOW ON PROBATION OR PAROLE?			KIND OF DISCHARGE		DATE OF DISCHARGE	
e.	ARE YOU UNDER INDICTMENT OR INFORMATION IN ANY COURT FOR A FELONY OR ANY OTHER 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.) (If "yes," see Additional Information Request 2.)			i.	HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP? (If "yes," see Additional Information Request 5.)		
f.	HAVE YOU EVER BEEN ADJUDICATED MENTALLY DEFECTIVE (WHICH INCLUDES HAVING BEEN ADJUDICATED INCOMPETENT TO MANAGE YOUR OWN AFFAIRS) OR HAVE YOU BEEN COMMITTED TO A MENTAL INSTITUTION? (If "yes," see Additional Information Request 3.)			j.	ARE YOU AN ALIEN IN THE UNITED STATES? (If "yes," see Additional Information Request 6.)		
				k.	HAVE YOU EVER APPLIED FOR A FEDERAL EXPLOSIVES LICENSE OR PERMIT? (If "yes," indicate date application filed.)		

17. COMPLETE THIS ITEM ONLY IF YOU WERE EVER ISSUED A FEDERAL EXPLOSIVES LICENSE OR PERMIT.

BUSINESS NAME AND ADDRESS (LICENSE/PERMIT ISSUED UNDER)	LICENSE OR PERMIT NUMBER	EXPIRATION DATE OF LATEST LICENSE OR PERMIT
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THE BUSINESS IS (Check one)

- INDIVIDUALLY OWNED       A PARTNERSHIP       A CORPORATION       OTHER (Specify) \_\_\_\_\_

18. I BELIEVE I SHOULD BE GRANTED RELIEF BECAUSE:

**Under penalties imposed by 18 U.S.C. 844, I declare under penalties of perjury, the answers in this application are true, correct, and complete.**

19. SIGNATURE OF APPLICANT	20. DATE
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**NOTE: A COMPLETED FD 258 (FINGERPRINT IDENTIFICATION CARD) MUST ACCOMPANY THIS APPLICATION.**

**MAIL APPLICATION FORM TO: BUREAU OF ALCOHOL, TOBACCO AND FIREARMS,  
TECH WORLD POST OFFICE, P.O. BOX 50220, WASHINGTON, DC 20091**

**ADDITIONAL INFORMATION**

Applications for restoration of explosives privileges must include the following information where applicable. Please note that any record or document of a court or other government entity or official required to be furnished as indicated below shall be certified by the court or other government entity or official as a true copy.

- (1) In the case of an applicant having been convicted of a crime punishable by imprisonment for a term exceeding one year, a copy of the indictment or information on which the applicant was convicted, the judgement of conviction or record of any plea of nolo contendere, or plea of guilty or finding of guilt by the court must be provided.
- (2) In the case of an applicant under indictment, a copy of the indictment or information must be provided.
- (3) In the case of an applicant who has been adjudicated a mental defective or committed to a mental institution, the following must be provided with your application: a copy of the order of a court, board commission or other lawful authority that made the adjudication or ordered the commitment; any petition that sought to have the applicant so adjudicated or committed; any medical records reflecting the reasons for commitment and diagnoses of the applicant; and, any court order or finding of a court, board, commission, or other lawful authority showing the applicant's discharge from commitment, restoration of mental competency, and the restoration of rights.
- (4) In the case of an applicant who has been discharged from the Armed Forces under dishonorable conditions, a copy of the applicant's summary of service record (Department of Defense Form 214), charge sheet (Department of Defense Form 458), and final court martial order must be provided.
- (5) In the case of an applicant who, having been a citizen of the United States, has renounced his or her citizenship, a copy of the formal renunciation of nationality before a diplomatic or consular officer of the United States in a foreign state, or before an officer designated by the Attorney General when the United States was in a state of war, must be provided. See 8 U.S.C. 1481(a)(5) and (6).
- (6) In the case of an applicant who is a lawful nonimmigrant alien, several certifications may be required. Please contact ATF for sample certifications.

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## PRIVACY ACT INFORMATION

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974:

1. **AUTHORITY.** Solicitation of this information is made pursuant to 18 U.S.C., Chapter 40. Disclosure of this information by the applicant is mandatory if the applicant wishes to seek relief from disabilities, i.e., restoration of explosives privileges.
2. **PURPOSES.** To determine whether the applicant is eligible to apply for relief from disabilities under 18 U.S.C. 845(b); and to determine whether the restoration of privileges should be granted.
3. **ROUTINE USES.** The information will be used by ATF to make the determinations set forth in paragraph 2. In addition, the information may be disclosed to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the regulation of explosives. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute a violation of Federal Law.
4. **EFFECTS OF NOT SUPPLYING THE INFORMATION REQUESTED.** Failure to supply complete information will delay processing and may cause denial of the application.
5. **DISCLOSURE OF SOCIAL SECURITY NUMBER.** Disclosure of the individual's social security number is voluntary. Solicitation of this information is made pursuant to 18 U.S.C. 845(b), and E.O. 9397, Nov. 22, 1943, and may be used to verify the identity of the applicant.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information is required in order to determine whether or not explosives privileges may be restored. It is used to conduct an investigation to establish if it is likely that the applicant will act in a manner dangerous to public safety or contrary to public interest. The information is required in order to restore privileges under 18 U.S.C. 845(b).

The estimated average burden associated with this collection of information is 30 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 and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless a currently valid OMB control number.

**DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS  
AUTHORITY FOR RELEASE OF INFORMATION**

**THIS SHEET MUST ACCOMPANY ALL COPIES OF ATF F 5400.29, APPLICATION FOR RESTORATION OF EXPLOSIVES PRIVILEGES**

1. **AUTHORITY.** The authority to solicit information is stated in ATF F 5400.29, Application for Restoration of Explosives Privileges. This form is in compliance with the Privacy Act of 1974.
2. **PURPOSE AND USE.** The information you supply by signing this release of information form will be used principally to aid in the completion of a background investigation conducted by the Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms (ATF), pursuant to 18 U.S.C. 845(b), in conjunction with your Application for Restoration of Explosives Privileges.
3. **EFFECTS OF NONDISCLOSURE.** Your signature on this Authority for Release of Information form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation, and may result in the termination of your application.

NAME OF APPLICANT <i>(Include Last, First, and Middle Name and all aliases used)</i>	DATE OF BIRTH
PRESENT ADDRESS <i>(Number, Street, City, State, Zip Code)</i>	TELEPHONE NUMBER <i>(Include Area Code)</i>

**This release, when presented by a duly authorized representative of the Department of the Treasury, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to the Department of the Treasury (ATF):**

**EMPLOYMENT INFORMATION, MILITARY INFORMATION/RECORDS, POLICE AND CRIMINAL RECORDS, MEDICAL HISTORY**

**MEDICAL INFORMATION RECORDS**

**IF YOU ANSWERED "YES" TO ITEMS 16(b) OR (f) ON ATF F 5400.29, COMPLETE THE FOLLOWING SECTION.**

NAME OF ATTENDING PHYSICIANS, ALCOHOL OR DRUG ABUSE REHABILITATION CENTERS, OR MENTAL HEALTH INSTITUTIONS	ADDRESS <i>(Including City, State and Zip Code)</i>	AREA CODE AND TELEPHONE NUMBER

SIGNATURE OF APPLICANT	DATE	SPECIAL AGENT <i>(Signature)</i>	DATE
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