

## State and Local Training Registration Request

### Course of Interest

<input type="checkbox"/> Complex Arson Investigative Techniques	<input type="checkbox"/> Advanced Explosives Investigation Techniques
<input type="checkbox"/> Advanced Cause And Origin/Courtroom Techniques	<input type="checkbox"/> Other _____
<input type="checkbox"/> Advanced Explosives Destruction Techniques (Bomb technicians only)	

### Participant Information

Name (Last, first, middle initial)		Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Rank/Title
Department/Agency Name			Agency Type (Please check one) <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	
Department/Agency Address (Number, street, city, State, and zip code)				Participant's E-mail Address
Office Telephone Number (Including area code)		Fax Telephone Number (Including area code)		Length of Time in Public Service
Supervisor's Name	Supervisor's Signature		Telephone Number (Including area code)	

Briefly Describe Your Area of Responsibility and Duties

**Please Mail or Fax This Form To: Office of Training and Professional Development  
State, Local and International Training Division  
State and Local Training Branch  
800 K Street NW., Suite 600, Washington, DC 20001  
Commercial: (202) 927-2150 Fax: (202) 927-3179**

### Privacy Act Information

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, relative to the collection of information from prospective students to attend the ATF State and Local Training.

1. Authority. Sections 1302 3301, 3304, and 7201 of Title 5, United States Code, 42 U.S.C. 4222; 5 U.S.C. 301; and 46 F.R. 16586.
2. Purpose. To obtain information from State and local government personnel making application to a program conducted by State and Local Training Branch (SLTB) for the purpose of student registration and program information.
3. Routine Uses. Disclosure upon request to the individual, to the individual's parent agency, or to any other individual or agency at the request of the individual to the SLTB staff or other government officials is on a need to know basis.
4. Effects Of Nondisclosure. Disclosure of your social security number, which is solicited under the authority of Executive Order 9367, is also voluntary and no right, benefit, or privilege by law will be denied as a result to disclose it. Not providing all or any part of the requested information may result in the applicant not being registered for the requested program.

### 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 State and local training.

The estimated average burden associated with this collection is 6 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 directed to the 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.