

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:

Employee Possessor Information and Certification

Print the Requested Information in Block Letters.		Explosives Applicant Business or Operations Name	
1. Last Name		14. Pyrotecnico: 299 Wilson Rd. New Castle, PA 16101 Pyrotecnico of LA: 60 West Court Mandeville, LA 70471 Pyrotecnico of FL: 30435 Commerce Dr., Unit 102 Suites J&L San Antonia, FL 33576 Pyrotecnico of F/X: P.O. Box 310 New Castle, PA 16103	
2. First Name		15. Pyrotechnician/Helper	
3. Middle Name	4. Name Suffix, if any (e.g., sr., Jr., III)	16. 8-PA-073-23-2J-12122	8-BL--19-2J-12104
5. Other Names Used - Including Maiden Name		5-LA-103-23-2J-00299	5-BL--19-2J-12751
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"/>		9-NV-003-23-2J-00229	1-FL-101-51-3L-00886
7. Place of Birth (City and State - or - City and Foreign Country)		17a. List All Countries of Citizenship?	
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"/>		If you indicated above you are a United States citizen, skip to question 18.	
9. Race/Ethnicity (Check one or more boxes)		17b. What is your U.S.-issued alien number or admission number?	
American Indian or Alaskan Native <input type="checkbox"/>	Hispanic <input type="checkbox"/>	The following questions must be answered with a "YES" or "NO". (See the "Note" at the bottom of the page.)	
Asian <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		
Black or African American <input type="checkbox"/>	White <input type="checkbox"/>	18. Are you a fugitive from justice?	
10. Sex (Check one box) Male <input type="checkbox"/> Female <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?	
11. Home Telephone Number (Include area code)		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.)	
12. Work Telephone Number (Include area code and extension)		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.)	
Home Address		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?	
13a. Street Address		23. Have you ever been discharged from the Armed Forces under dishonorable conditions?	
13b. Apt. Number	13c. City	24. Have you ever renounced your United States citizenship?	
13d. State - or - Province, Foreign Country		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.	
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"/>			

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 _____

SUBMIT