

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. Pyro Shows, Inc. PO Box 1776 La Follette, TN 37766	
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. 1-TN-013-24-1C-12205 & 1-TN-013-20-1C-12206 ***Expires 3/1/21***	
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 (Voluntary, will help prevent misidentification) □□□-□□-□□□□	17b. What is your U.S.-issued alien number or admission number?	
7. Place of Birth (City and State - or - City and Foreign Country)	The following questions must be answered with a "YES" or "NO". (See the "Note" at the bottom of the page.)	
8. Date of Birth (Month/Day/Year) □□/□□/□□□□		Yes or No
9. Race/Ethnicity (Check one or more boxes) American Indian or <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian or Other <input type="checkbox"/> Asian <input type="checkbox"/> 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.)	
13a. Street Address <div style="text-align: center;">Home Address</div>	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?	
13b. Apt. Number	23. Have you ever been discharged from the Armed Forces under dishonorable conditions?	
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.)	
13e. Zip Code / Postal Code □□□□□□ - □□□□	<input type="checkbox"/> Statement Attached.	

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
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*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
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SUBMIT FORM