

AMERICAN PYROTECHNICS ASSOCIATION

NASHVILLE, TN
2024

WORKFLOW PROCESSES OF THE FEDERAL EXPLOSIVES LICENSING CENTER

APPLICATION FOR EXPLOSIVES LICENSE OR PERMIT

Form 5400.13/5400.16

Revised October 2023

NEW AND UPDATED EXPLOSIVE'S FORMS

- Application for Explosives License or Permit
 - Form 5400.13/5400.16 - Revised October 2023
- Responsible Person Questionnaire (RPQ)
 - 5400.13A/5400.16 - Revised Nov 2023
- Employee Possessor Questionnaire (EPQ)
 - Form 5400.28 - Revised Nov 2023
- Application for an Amended Federal Explosives License or Permit
 - Form 5400.33 – April 2024

Application for Explosives License or Permit

All responsible persons must complete a Responsible Person Questionnaire, ATF Form—5400.13A/5400.16 Part B. Issuance of your Federal explosives license or permit (FEL/P) will be delayed or denied if Part B is incomplete or missing. Please print or type all information.

FOR ATF USE ONLY

1. Name of Applicant (List individual, corporation, LLC, or name of each partner)

2. Trade Name or Business Name (if any)

3. Employer Identification Number (EIN) or Social Security Number (SSN)(Voluntary)(See Privacy Act Information)

4. Name of County in Which Business is Located

5. Premises Address (Number, street, city, state, ZIP code)

6. Mailing Address (If different from premises address)

7. Contact Information (10-digit phone number)(Please use check box to indicate your 24-hour contact number)

Business

Mobile

Fax

Other

8. E-Mail Address

9. Are you presently engaged in a business and/or operations for which a FEL/P is required under 18 U.S.C., Chapter 40, Explosives? (If yes, provide date business began) Yes/Date: _____ No

10. Is or will your business and/or operations be: (Check appropriate box)

Sole Proprietor

Partnership

Corporation

Limited Liability Company

Other (Specify) _____

11. Method of payment (Check one)

Check (Enclosed)

Cashier's Check or Money Order (Enclosed)

Visa

Mastercard

American Express

Discover

Diners Club

Credit/Debit Card Number (No dashes)

Name as Printed on the Credit/Debit Card

Expiration Date (Month & year)

Credit/Debit Card Address

Credit/Debit Card Billing Address

City

State

ZIP Code

Please complete to ensure payment is credited to the correct application

I am paying the application fee for the following person, corporation, or partnership

Total Application Fees

I authorize ATF to charge my credit/debit card the total application fees

Signature of Cardholder

Date

Your credit/debit card will be charged the above stated amount upon receipt of the application. The charge will be reflected on your credit/debit card statement. In the event your FEL/P application is NOT approved, the above amount will be credited to the credit/debit card noted above.

12. This application is made for an FEL/P under 18 U.S.C., Chapter 40, as an: (See definitions 5-9)

Explosives License	Fee	Renewal Fee	Explosives Permit	Fee	Renewal Fee
Manufacturer: (Check the types of explosives you plan to manufacture) <input type="checkbox"/> High Explosives <input type="checkbox"/> Low Explosives <input type="checkbox"/> Theatrical Flash Powder <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____	\$200	\$100	User of Explosives: (Check the types of explosives you plan to use) <input type="checkbox"/> High Explosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Low Explosives	\$100	\$50
Importer: (Check the types of explosives you plan to import) <input type="checkbox"/> High Explosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Low Explosives	\$200	\$100	Limited Permit: (Intrastate Only) (Check the types of explosives you plan to use) <input type="checkbox"/> High Explosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Low Explosives	\$25	\$12
Dealer: (Check the types of explosives you plan to deal in) <input type="checkbox"/> High Explosives <input type="checkbox"/> Low Explosives <input type="checkbox"/> Blasting Agents <input type="checkbox"/> Fireworks <input type="checkbox"/> Black Powder <input type="checkbox"/> Other (Specify) _____	\$200	\$100			
12a. Total Fees				\$	

13. Is a State or local license or permit required for explosive business and/or operations? (If yes, provide license/permit numbers; if applied for license/permit but not yet obtained, provide date of application) Yes/Numbers or Date _____ No

14. The applicant's business and/or operations premises are:
 Owned Leased/Rented Other (Specify) _____

15. The applicant's business and/or operation is located in:
 A Commercial Building A Residence Other (Specify) _____

16. Hours of operation and/or availability of business activity (Please provide at least one hour in which you may be contacted by ATF personnel)

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Closed							

Storage facility/magazine: 18 U.S.C. § 842(f) provides: "It shall be unlawful for any person to store any explosive material in a manner not in conformity with regulations promulgated by the Attorney General." An application for a license/permit can be denied if upon investigation it is found that any storage facilities/magazines do not comply with federal regulations.

17. Please indicate the total number and type of explosives storage magazine(s) you have and the address(es) where they are located: (Attach additional sheets if necessary)

Address, including county, State and ZIP code	Type 1 Permanent	Type 2 Mobile/Portable	Type 3 Portable Temporary	Type 4 Low Explosives	Type 5 Blasting Agents

18. If the applicant has no storage facilities, list the name and license/permit number of the entity providing contingency storage location in space below and attach contingency storage agreement letter. (See Instruction 10)

19. Does user permit applicant intend to transport explosive materials in interstate or foreign commerce? (If yes, state where)

N/A No Yes _____

20. Does user permit applicant intend to purchase explosive materials in interstate or foreign commerce? (If yes, state where)

N/A No Yes _____

21. Do you intend to deal in black powder? Do you have a federal firearms license? (If yes, provide the federal firearms license number)

No Yes-Federal Firearms License # _____

Certification

22. Under the penalties imposed by 18 U.S.C. § 844, I certify that the answers are true, correct, and complete. I also certify that I am familiar with all published state laws and local ordinances relating to explosive materials for the location in which I intend to do business. In addition, if the application is for a Limited Permit, I certify that I will not receive explosives materials on more than six separate occasions during the 12-month period for which my limited permit is valid.

Signature	Title	Date

For Bureau of Alcohol, Tobacco, Firearms and Explosives Use Only

23. Application is	Reason for Disapproval/Termination
<input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn* <input type="checkbox"/> Disapproved* <i>*(Fee will be refunded)</i>	

Signature of Licensing Official	Date

THE LIFE OF AN APPLICATION

APPLICATIONS SHOULD BE MAILED TO
BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES
ATF NATIONAL SERVICES CENTER
FEDERAL EXPLOSIVES LICENSING CENTER
P.O. BOX 6200-18 PORTLAND, OR 97228-6200

- This address is for our bank where the money will be cashed
- This PO Box does not accept UPS or FedEx
- Certified mail should be done through the US Postal Service
- Applications mailed to the FELC in Martinsburg, WV can be delayed in processing due to inability to process the payment

APPLICATION RECEIVED IN FELC

- Application is first received and logged by our contract staff; they review applications for any noticeable missing information.
 - Missing RPQ form
 - Use of outdated forms
 - Missing EPQ forms
- If the application is complete it is forwarded to contract data entry staff to be processed
- If application is incomplete it is forwarded to the examiner to obtain missing information.

APPLICATION TO EXAMINER

- Upon receipt of the application the examiner will review the application for accuracy both on the paper form and in our Federal Licensing Database (FLS)
- On new applications, background checks are processed for the responsible parties and then forwarded to the local area office for inspection.
- For renewal application, examiners will determine if an inspection is needed. If a licensee/permittee was pre-inspected by the area office the examiner can issue the license when all RP backgrounds have cleared.

MOST COMMON APPLICATION ERRORS

- Failure to put Total Fee Amount in payment area.
- Missing RPQ forms, especially with applications for sole proprietors with renewal applications.
- Missing EPQ forms for current employees.
- Hours of operation (at least 1 hour in which an ATF employee can contact applicant).
- Application signed by a non-RP.

APPROVAL TO ISSUE

- The inspection is not complete as soon as the inspector leaves the site. The inspector will notify the examiner when the license is ok to be issued.

DISAPPROVAL OF NEW APPLICATION

Reasons for disapproval include; lack of storage, inappropriate storage; denied RP (sole proprietors only)

- All licenses/permits must have proper storage (this includes contingency storage).
- Storage must be appropriate for what product will be stored.
- “New FELC Policy”; Sole proprietors must have a cleared background check prior to being submitted for inspection. If the RP is denied the FELC will deny the application.

THE RESPONSIBLE PERSON QUESTIONNAIRE (RPQ)

5400.13A/5400.16

RESPONSIBLE PERSON QUESTIONNAIRE (RPQ)

- The RPQ is a new form that must be completed by each responsible people on the license/permit

Part B - Explosives Responsible Person Questionnaire

Part B - Responsible Person Questionnaire

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE PART B- EXPLOSIVES RESPONSIBLE PERSON QUESTIONNAIRE, ATF Form 5400.13A/5400.16 (Part B -ATF Form 5400.13A/5400.16). In the future, if you need to add a Responsible Person (RP) to your Federal Explosives License/Permit (FEL/P), the RP being added must complete this Part B-Responsible Person Questionnaire and include a signed request from an existing RP on the FEL/P giving permission to add the new Responsible Person.

Issuance of your license or permit, or addition as a RP will be delayed if Part B is incomplete or otherwise improperly prepared.

All new RPs must submit a properly prepared FD-258 (Fingerprint Card) with this questionnaire. The fingerprints must be clear and must be rolled at a facility using approved technology and equipment. The FD-258 must include "WVATF0900 ATF-FELC, MARTINSBURG, WV" in the Originating Agency Identifier (ORI) block to facilitate processing of fingerprints.

List all given, married, and maiden names in Item #4 (e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones") (If additional space is needed, attach a separate sheet)

1. Federal Explosives Licensee or Permittee or License or Applicant Name		2. Federal Explosives License or Permit Number (If being added to an existing FEL/P)			
3. Name of Responsible Person (Last, first, middle)		4. Aliases (Include given, married, maiden names)		5. Position/Title	
6. Social Security Number (Voluntary)	7. Date of Birth (MM/DD/YYYY)	8. Place of Birth (City & state OR foreign country)			
9. Current Full Residential Address			11. Personal Telephone Number (10-digit)		
10. Mailing Address (if different from resident address)			12. E-mail Address		
14. Previous Address(es) - (Please provide residential history and dates for the past five years. Use additional sheet(s) if necessary)			13. Driver's License or State ID Number (include state of issuance)		
15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		16. Height ____ Feet ____ Inches	17. Weight ____ (lbs)	18. Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Multiple <input type="checkbox"/> Pink <input type="checkbox"/> Other _____	19. Hair Color <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other _____
20. Ethnicity Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No			21. Race (Please check one or more boxes) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White		

For the following questions give full details on a separate sheet for all "Yes" answers.

	Yes	No
22. Have you ever held a Federal Explosives License or Permit? (If known, please include FEL/P Name and/or Number)	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been a Responsible Person on a Federal Explosives License or Permit? (If known, please include FEL/P Name and/or Number)	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever been an employee of a Federal Explosives Licensee or Permittee?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever been issued a letter of denial for your clearance to possess explosive by ATF?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been granted Explosives Relief from Disability? (Please attach copy of relief letter)	<input type="checkbox"/>	<input type="checkbox"/>
27. 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; Or are you a current member of the military who has been charged with violation(s) of the Uniform Code of Military Justice, and whose charge(s) have been referred to a general court-martial? (See Definitions)	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever been convicted in any court, including a military court, for 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 Definitions)	<input type="checkbox"/>	<input type="checkbox"/>
29. Are you a fugitive from justice? (See Definitions)	<input type="checkbox"/>	<input type="checkbox"/>

REASONS FOR RPQ RETURNS

1

Missing or
Incorrect DOB

2

Missing POB

3

Missing Signature

4

Missing answer
to one or more
of the prohibited
questions.

EMPLOYEE POSSESSOR QUESTIONNAIRE

Explosives Employee Possessor Questionnaire

EACH EMPLOYEE POSSESSOR MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE - ATF FORM 5400.28. In the future, if you need to add an additional Employee Possessor (EP) to your Federal Explosives License or Permit (FEL/P), the EP being added must complete a new ATF Form 5400.28. A Responsible Person (RP) must submit a signed written request along with a completed ATF Form 5400.28, granting permission to add a new EP to an existing FEL/P.

List any given, married, and maiden names in Item 4 (e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones."). (If additional space is needed, attach a separate sheet. See Instruction 1.)

1. Federal Explosives Licensee or Permittee Name		2. Federal Explosives License or Permit Number (If being added to an existing FEL/P)	
3. Name of Employee Possessor (Last, First, Middle)		4. Aliases (Include given, married, maiden names, etc.)	5. Position/Title
6. Social Security Number (Voluntary)	7. Date of Birth (MM/DD/YYYY)	8. Place of Birth (City & State OR Foreign Country)	
9. Current Full Residential Address		10. Mailing Address (If different from residential address)	
11. Telephone Number (Including area code)		12. E-mail Address	13. Driver's License or State ID Number (Include State of issuance)
14. Previous Address(es) - (Please provide residential history and dates for the past five years. Use additional sheet(s) if necessary.)	15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	16. Height ____ Feet ____ Inches	17. Weight ____ (lbs)
	20. Ethnicity Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Multiple <input type="checkbox"/> Pink <input type="checkbox"/> Other _____
	21. Race (Please check one or more boxes.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White		19. Hair Color <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other _____
	<p style="text-align: center;">For the following questions give full details on a separate sheet for all "Yes" answers (See Instructions)</p>		
22. Have you ever been a Responsible Person or Employee Possessor for a Federal Explosives Licensee or Permittee? (If known, please include FEL/P Name and/or Number) _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Will you be or are you an employee of the FEL/P listed in question 1?			<input type="checkbox"/> <input type="checkbox"/>
24. Will you have actual or constructive possession of explosive materials in the course of your employment? (See Definition 2)			<input type="checkbox"/> <input type="checkbox"/>
25. Have you ever been issued a letter of denial for your clearance to possess explosives by ATF?			<input type="checkbox"/> <input type="checkbox"/>
26. Have you ever been granted Explosives Relief from Disability? (If so, please attach a copy of the relief letter.)			<input type="checkbox"/> <input type="checkbox"/>
27. 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? Or are you a current member of the military who has been charged with violation(s) of the Uniform Code of Military Justice, and whose charge(s) have been referred to a general court-martial?			<input type="checkbox"/> <input type="checkbox"/>
28. Have you ever been convicted in any court, including a military court, for 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?			<input type="checkbox"/> <input type="checkbox"/>
29. Are you a fugitive from justice?			<input type="checkbox"/> <input type="checkbox"/>
30. Are you an unlawful user of or addicted to marijuana, any depressant, stimulant, narcotic drug, and/or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes by state law.			<input type="checkbox"/> <input type="checkbox"/>
31. Have you ever been adjudicated as a mental defective or committed to a mental institution?			<input type="checkbox"/> <input type="checkbox"/>

	Yes	No
32. Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/>	<input type="checkbox"/>

33. **Country of Citizenship:** (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)

United States of America Other Country/Countries (specify): _____

	Yes	No
34. Have you ever renounced your United States citizenship? (18 U.S.C. § 842(i)(7))	<input type="checkbox"/>	<input type="checkbox"/>
35. Are you an alien who has been admitted to the United States for permanent residence? (18 U.S.C. § 842(i)(5)(A))	<input type="checkbox"/>	<input type="checkbox"/>
36. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (18 U.S.C. § 842(i)(5)(B))	<input type="checkbox"/>	<input type="checkbox"/>

37. If you are an alien, record your U.S.-Issued Alien or Admission Number (e.g., AR, USCIS, or I-94 number). **Attach supporting documentation to this questionnaire.**
 (Please note that an employment authorization card insufficient to qualify to serve as an EP): _____

38. Under the penalties imposed by 18 U.S.C. §§ 842 and 1001, I declare that I have reviewed the answers on this form and examined any related documents submitted regarding this questionnaire (ATF Form 5400.28), and to the best of my knowledge and belief, they are true, correct, and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative 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 ATF: military information/records pursuant to 18 U.S.C. 842 (i)(6), medical information/records pursuant to 18 U.S.C. § 842(i)(4), police and/or criminal records.

Signature	Printed Name	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 this form are still true, accurate and complete.

Your Signature (For subsequent submission)	Date

MOST COMMON REASONS AN EPQ IS RETURNED

- Individual has answered no to questions 23 and/or 24
- Date of birth is incorrectly listed as current year
- Address is missing city, state, zip code
- Blank answer for one or more prohibiting questions (# 19-38)
- Non-US Citizen missing copy of permanent resident card
- Missing signature

OTHER REASONS FOR RETURN

- Request to add is not signed or submitted by a responsible person or point of contact
- Questionnaire is an outdated form
- Form is illegible

QUESTIONS 23 AND 24

WILL YOU BE OR ARE YOU AN EMPLOYEE OF THE FEL/P LISTED IN QUESTION 1
WILL YOU HAVE ACTUAL OR CONSTRUCTIVE POSSESSION OF EXPLOSIVE MATERIALS IN THE COURSE OF YOUR EMPLOYMENT

- If an individual answers no to questions 23 and/or 24 they are not considered an employee of the licensee and cannot be added to the license
- * **Definition of an employee, for explosive's regulations purposes, is someone who is a bone fide employee that receives a W-2 from the company and that will have possession of explosives through their employment**

QUESTION 30

ARE YOU AN UNLAWFUL USER OF OR ADDICTED TO MARIJUANA, ANY DEPRESSANT, STIMULANT, NARCOTIC DRUG, AND/OR ANY OTHER CONTROLLED SUBSTANCE

- The use or possession of marijuana remains unlawful under federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes by state law

BACKGROUND CHECK RESULTS

PROCEED DELAYED DENIED

WHY IS SOMEONE DENIED

Answered “yes”
to a prohibiting
question.

Background
check revealed
the person is
prohibited.

DELAYED BACKGROUNDS

- Examiner will research reasons for a delayed background
- If the examiner feels the background should be proceeded, they will email the FBI for possible proceed
- If more information is needed to clear the background the Examiner will send a letter to the employee requesting court documents and/or fingerprint cards

DENIED BACKGROUNDS

- Examiner will research and verify the individual is a prohibited person
- Denial letters will be mailed to employee and employer/license holder



FELC POLICY IS TO
DENY ANY
INDIVIDUAL WHO
ANSWERS “YES” TO
A PROHIBITING
QUESTION.

A PROHIBITED PERSON CAN:

APPEAL

- For persons that believe that the denial is a case of mistaken identity
- Incorrectly answered “yes” to a prohibited question

APPLY FOR EXPLOSIVE RELIEF OF DISABILITY (EROD)

- For individuals who do have prohibitors in their background ATF can grant relief for this disability
- Questions for this can be sent to EROD@ATF.gov

EXPLOSIVES APPEAL

WHAT IS AN APPEAL AND HOW DOES AN INDIVIDUAL APPEAL A DENIAL

WHAT IS AN APPEAL

- An appeal is for an individual whose background was denied by the ATF but they believe they don't have any convictions, or the convictions are not disqualifying
 - A case of mistaken identity or identity theft
 - An individual who has resolved their reason for being disqualified (active warrant, unpaid child support, etc.)

** An appeal is not for a person that knows the prohibition is correct. Those individuals should apply for relief of disabilities (EROD).

** A person cannot apply for both an appeal and relief at the same time.

APPEAL PACKAGE SHOULD INCLUDE



A LETTER EXPLAINING THE
FOUNDATION OF THE APPEAL



(2) FD258 FINGERPRINT CARDS



COURT DOCUMENTS, IF AVAILABLE,
ESTABLISHING THE LEGAL OR
FACTUAL BASIS FOR THE APPEAL.

FINGERPRINT CARDS

- Must be completed by a local law enforcement agency
- Results will be compared with the record used as the basis for the denial
- Non-ident results will be emailed to the FBI for possible proceed
- If the results are ident the ATF will obtain court documents and/or incident reports if they weren't initially provided

DOCUMENTS

- Must be certified by the court or other government entity as a true copy
- Documents will be reviewed and analyzed by the appeals specialist for comparison to the record used for the basis of the denial
- If the ATF and FBI disagree about the results, the documents will be forwarded to the appropriate ATF legal counsel for determination

APPEAL DETERMINATION



If the appeal is denied the individual will be notified in writing with the basis for the denied appeal



If the appeal is overturned the individual will be notified in writing and the company will be contacted regarding reactivation on the license

WHAT IS A CONDITIONAL CLEARANCE

- It is a clearance status issued when the ATF is not able to confirm a record of disqualifying conviction and, therefore, the individual cannot be cleared or classified as a prohibited person
- Allows the individual to possess explosives
- Can be reversed if a disqualifying conviction or other prohibition is subsequently disclosed
- Gives notice to the employee that they have an open arrest/arrests for which the ATF has been unable to locate a record of the final disposition.

CONDITIONAL CLEARANCE

- The appeals specialist will conduct an extensive review of the following to determine if a conditional clearance should be issued:
 - Fingerprint card results
 - Court and government agency documents
 - Previous conditional clearances issued to individual
 - Individuals' prior proceeds delays and denials

ANY QUESTIONS?

Please submit any questions to FELC@ATF.gov or call 877-283-3352