

Drug Activity Questionnaire

Last Name:	First Name:	Middle Initial:	Suffix:	Date of Birth:	SSN (last 4 digits):
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In accordance with Federal laws, the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) has specific drug activity policies that an individual must be in compliance with before a determination can be made whether access to ATF information, information technology systems, and/or unescorted access to ATF facilities can be authorized. This questionnaire requests information about your illegal activities involving drugs and controlled substances (including marijuana) and your misuse or abuse of prescription drugs, over-the-counter drugs, and/or other substances.

To ensure that you are in compliance with ATF's drug policy, you must respond to the questions below and sign and date this questionnaire in the certification section. Any intentional omissions or inaccuracies may preclude you from further consideration for employment or service opportunities with ATF. **If you engaged in a drug activity in another country or U.S. state, district, possession, or territory where the substance involved was legal under the laws of that entity, you must disclose information about the act if the substance was illegal under U.S. Federal law.**

If you do not wish to respond to these questions, please sign and date in the declination section below.

Definitions:

Illegal sale, distribution, cultivation for personal use and/or sale, purchase, transportation or manufacture of controlled substances (including prescription drugs) refers to any and all drug activities (other than illegal use) in violation of the Controlled Substances Act of 1970.

Distribute refers to the process of providing controlled substances (including prescription drugs) to another individual when no exchange of money occurs.

Transport refers to the process of moving controlled substances (including prescription drugs) to another location for the purposes of sale and/or distribution.

Controlled Substances are listed in Schedule I through Schedule V of the Controlled Substances Act, 21 U.S.C. § 812. Controlled substances include marijuana, certain prescription drugs, heroin, cocaine, crack cocaine, codeine, methamphetamines, anabolic steroids, and many other drugs. You can clarify the status of a drug by searching the alphabetical listing of controlled substances on the Drug Enforcement Administration (DEA) website. It is recommended that you electronically search for the drug by name to ensure that you are not only finding substances by their formal names in the alphabetical listing, but are also finding them by other names (e.g., brand name and street name) by which they may be known. A **controlled substance analog** is also considered a controlled substance. A definition of that term can be found under 21 U.S.C. § 802(32)(A).

Misuse or abuse refers to the use of prescription drugs, over-the-counter drugs, and/or other substances for other than their intended purposes.

Other substance refers to a substance that is not a controlled substance, prescription drug, or over-the-counter drug, but which has psychoactive properties and which can be abused in a manner similar to drugs. Examples of other substances are inhalants such as aerosol propellants and solvents.

Occasion refers to a particular time or event in which you engaged in the illegal drug activity. For example, if you puffed on three separate marijuana cigarettes at a party, that use is considered one occasion. If you went to another party that same night and puffed on another marijuana cigarette, that use is considered a second occasion.

EVER refers to any age in your entire lifetime.

Marijuana includes any natural or synthetic form of cannabis, hashish, hash oils, and tetrahydrocannabinol (THC).

Hemp-derived products include cannabinoid-based products such as cannabidiol (CBD). CBD products include, but are not limited to, CBD oil, shampoo, conditioners, lotions, and topical creams.

Position of Trust/Security Clearances refers to positions that include, but are not limited to, Federal employee, law enforcement, military, firefighter, emergency management technician, and attorney.

When Responding to the Below Drug Activity Questions, Follow this Guidance:

- Prior to responding to the questions, carefully review the above instructions and definitions.
- If you are unsure of an exact number of occasions, provide an approximate number and identify your response as an approximation.
- If you are unsure of an exact date (month and year), provide an approximate date and identify your response as an approximation.
- If necessary, provide additional information on a separate piece of paper.

1. Have you EVER illegally used any drug or controlled substance (other than prescribed)? Yes No (If yes, provide the below information.)

Name of Drug or Controlled Substance	Month and Year of First Use	Month and Year of Most Recent Use	Nature of Use	Number of Occasions	Comments
Example: Marijuana	September 2016	May 2020	Parties during high school and college	Approximately 30 times	

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2. Have you **EVER** illegally sold, distributed, cultivated, transported, or manufactured any drug or controlled substance (including prescribed)?
 Yes No (If yes, provide the below information.)

Name of Drug or Controlled Substance	Month and Year of First Occurrence	Month and Year of Most Recent Occurrence	Number of Occasions	Comments/Details Surrounding Activity

3. Have you **EVER** intentionally engaged in the misuse or abuse of prescription drugs (regardless of whether or not the drugs were prescribed for you), over-the-counter drugs, and/or other substances? Yes No (If yes, provide the below information.)

Name of Drug or Other Substance	Month and Year of First Use	Month and Year of Most Recent Use	Nature of Use	Number of Occasions	Comments

4. Have you **EVER** used a hemp-derived product, including cannabinoid-based products such as CBD? Yes No (If yes, provide the below information.)

Name of Hemp-Derived Product	Month and Year of First Use	Month and Year of Most Recent Use	Nature of Use	Number of Occasions	Comments

5. While in a position of trust (see definition above) or while holding a security clearance, have you **EVER** used, sold, distributed, cultivated for personal use or sale, purchased, transported, or manufactured any illegal drug or controlled substance, or misused or abused prescription drugs, over-the-counter drugs, or other substances? (If you have never held a position of trust or security clearance, respond No.) Yes No (If yes, provide the below information.)

Note: Your response must include activities/use during the entire period you were assigned to the position regardless of whether you were on or off duty.

Name of Substance	Type of Position Held	Dates of Activities/Use While Assigned to the Position		Nature of Activity	Number of Occasions	Comments
		From:	To:			
<i>Example: Marijuana</i>	<i>Local law enforcement officer</i>	<i>December 2015</i>	<i>April 2017</i>	<i>At parties</i>	<i>10</i>	<i>Used for recreational purposes</i>

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6. What are your intentions regarding future illegal use of and/or activities involving drugs and controlled substances (*including marijuana*) and misuse or abuse of prescription drugs, over-the-counter drugs, and other substances?

Certification of Drug Activity Questionnaire: My responses to the above questions are true and correct to the best of my knowledge and belief and are made in good faith. I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative effect on my employment, continued employment, or service opportunities with ATF.

Signature:	Date:
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Declination to Complete Drug Activity Questionnaire: I hereby decline to answer the above questions. I understand that if I do so, ATF will make a determination of my eligibility for employment, continued employment, or service opportunities based on the information available.

Signature:	Date:
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Privacy Act Statement

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

1. **Authority.** Solicitation of this information is made pursuant to Executive Orders 13764 and 13467 and in accordance with Executive Order 12564, Drug Free Workplace.
2. **Purpose.** To determine the eligibility of the individual for employment or service opportunities with ATF based on its agency specific qualifications.
3. **Routine uses.** The information will be used by ATF to make a determination as set forth in the Purpose section of this Statement. This information becomes a part of the permanent personnel security record of all candidates and is included in Internal Security Record System - Justice/ATF-006 (68 FR 3555-6) and is subject to all of the published routine uses of that system of records. Specifically, the information may be disclosed by ATF to third parties while making a determination as to the individual's fitness for employment, continued employment, or service opportunities with ATF.
4. **Effects of not supplying the requested information.** Failure to supply complete information may require ATF to make a determination of the individual's eligibility for employment, continued employment, or service opportunities with ATF based on the information available.
5. **Disclosure of Social Security Number (SSN).** Disclosure of the individual's SSN is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's SSN. The number may be used to verify the individual's identity.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. This information collection will be used to determine if a candidate for Federal or contractor employment at the ATF meets agency specific qualifications relating to drug activities.

The estimated average burden associated with this collection is 10 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 Reports Management Officer, Resource Management Staff, Contract and Forms Section, Bureau of Alcohol, Tobacco, Firearms, and Explosives, 99 New York Avenue NE., 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.