

FIREARMS REGISTRATION

(For use of this form see CAM Regulation 190-1. The proponent of this form is DES.)

IN ACCORDANCE WITH ARMY REGULATION 190-11, PERSONNEL ARE PROHIBITED FROM CARRYING CONCEALED PRIVATELY OWNED FIREARMS ON ANY FEDERAL INSTALLATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013; 44 U.S.C., 31001; Army Regulation 190-11, Physical; Security of Arms, Ammunition and Explosives; E.O. 9397 (SSN) and Fort Campbell Regulation 190-1.

PRINCIPLE PURPOSE(s): To record personal information on an individual who registers and stores his or her privately owned weapon.
ROUTINE USES: To use as proof of registration and to maintain a record documenting an authorized storage location for firearms and other privately owned weapons. Routine use could include disclosure to other investigative authorities. SSN used for identification and retrieving data from files.

DISCLOSURE: Disclosure is voluntary; however, failure to disclose the information, to include SSN, will result in individual not being allowed to register or store firearms and other privately owned weapons on Fort Campbell. Attempts to keep firearms on Fort Campbell that are not properly registered and stored could result in confiscation, disciplinary action, or both.

PERSONAL INFORMATION

| | | | | | |
|--|----------------------|----------------------------|----------------------|-----------------------|--|
| 1. NAME (Printed Name) (Last, First, MI) | | | 2. Date of Birth | | |
| <input type="text"/> | | | <input type="text"/> | | |
| 3. SSN (Enter Full SSN) | 4. RANK/CIV | 5. STATE & DRIVERS LICENSE | | 6. LOCATION OF WEAPON | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| 7. E-MAIL ADDRESS: | | | 8. UNIT/ADDRESS | | |
| <input type="text"/> | | | <input type="text"/> | | |

9. FIREARMS INFORMATION

| SERIAL # | MAKE | MODEL | TYPE WEAPON | CALIBER | FINISH |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

OWNER/SPONSOR:

I certify by signing block 13 of this page and page two of this form that I am knowledgeable on Federal and State laws, AR 190-11, Fort Campbell Regulation 190-1 and Fort Campbell Circular 215-15-1 concerning the possession, use, and transportation of privately owned firearms (must submit pages one and two; see instructions on page three).


10. HOME ADDRESS (Street #, City, State, Zip Code)

| | | |
|--------------------------------|----------------------|--------------------------------|
| 11. PHONE (Area Code & Number) | 12. ALTERNATE PHONE | 13. SIGNATURE OF OWNER/SPONSOR |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

14. UNIT COMMANDER'S ACTION

| | | |
|---|---|----------------------|
| 15. COMMANDER'S NAME (Printed Name) (Last, First, MI) | 16. RANK | 18. UIC |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| APPROVED <input type="checkbox"/> | DISAPPROVED <input type="checkbox"/> | 17. PHONE # |
| | | <input type="text"/> |
| 19. COMMANDER'S SIGNATURE | | |
| <input type="text"/> | | |

20. WEAPONS REGISTRATION CLERKS USE ONLY

| | | |
|---|--|--|
|  | 21. INITIAL REGISTRATION CLERK'S SIGNATURE | 22. FINAL REGISTRATION CLERK'S SIGNATURE |
| | <input type="text"/> | <input type="text"/> |

FORT CAMPBELL WEAPONS REGISTRATION AGREEMENT
(For use of this form see CAM Regulation 190-1. The proponent of this form is DES.)

I understand that in accordance with AR 190-11, Chapter 4-5, all individuals who want to register a firearm will have a criminal history conducted to determine eligibility. I understand that if I have been convicted of one of the following that I will not be able to bring or register my weapon on Fort Campbell.

EXERPT from AR 190-11, para 4-5.c.(4):

(4) The registration of privately owned firearms by person(s) described below is prohibited:

(a) Any person convicted of a felony (The federal Gun Control Act of 1968, as amended in 1996).

(b) Any person convicted in any court of a misdemeanor crime of domestic violence or felony (The Lautenberg Amendment to Federal Gun Control Act of 1968, as amended in 1996).

The Amendment:

1. Makes it a felony for any person to sell or otherwise dispose of firearms or ammunition to any person he or she knows or has reasonable cause to believe has been convicted of a misdemeanor crime of domestic violence.

2. Prohibits anyone who has been convicted of a misdemeanor crime of domestic violence from shipping or transporting in interstate or foreign commerce, or possessing in or affecting commerce, any firearm or ammunition; or receiving any firearms or ammunition which has been shipped or transported in interstate or foreign commerce.

(c) Any person who is a fugitive from justice.

(d) Any person who has been convicted includes of the possession, use or sale of marijuana, dangerous or narcotic drugs (the term convicted includes nonjudicial punishment under Article 15 of the Uniform Code of Military Justice).

(e) Any person who is presently declared as mentally incompetent or who is presently committed to any mental institution.

(f) Any civilian or family member under the age of 18 is prohibited from the use of firearms, unless accompanied and supervised by a parent or legal guardian over the age of 18.

I have read the above statement and realize that by signing below that I am willing to submit to a criminal history check on myself to determine my eligibility. I also understand that failure to do so will result in me not being able to register my weapon on the installation.

The carrying of a concealed weapon on the installation is prohibited regardless of whether a state or county permit has been obtained. For the purpose of this regulation, a concealed weapon is any instrument used or designed for the purpose of inflicting grievous bodily harm that is carried on the person in such a way to be hidden from ordinary view.

Transportation of privately owned firearms and ammunition on Army installations:

(1) Privately owned firearms will be transported in vehicles only while traveling in a direct route to and from hunting areas, dog training areas, target ranges, or other location authorized by the installation senior commander. No stops are authorized.

(2) The carrying of a loaded firearm in a vehicle is prohibited.

(3) Privately owned firearms carried in a vehicle will be secured in the trunk. For vehicles without a trunk, firearms will be encased in a container other than the glove compartment and carried in such a manner that they will not be readily available to the driver or passengers. Commercially available trigger locks and other security devices are strongly recommended to deter and prevent loss and theft.

NAME:

SIGNATURE:

DATE:

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INSTRUCTIONS FOR COMPLETING FC FORM 2635

1. All firearms brought onto the installation will be registered with the DES, Visitor Control Center (VCC) IAW AR 190-11 and CAM Reg 190-1 (Note: Firearms will not be transported inside the registration building).
2. All Soldiers are required to have their unit commander complete and sign the unit commander's portion of this form. Officers in pay grade O-3 and above, Warrant Officers CW3 and above, enlisted personnel in pay grade E-8 and above, retired military personnel, and civilian personnel may self approve this form by signing block 11, of page one. Authorized dependants will require sponsor's signature and commander's approval.
3. Completed forms are not maintained on file.
4. Registration may be completed by:
 - a. Manual - Complete form and hand carry to the Visitor Control Center (VCC) located at Gate 4, 7 days a week during the hours of 1000-1800.
 - b. Automated - digitally sign and e-mail completed form to:
usarmy.campbell.imcom-atlantic.mbx.des-access-control@army.mil. Once completed, owner will register via return e-mail.

INFORMATION REQUIRED BY-BLOCK ON FORM

1. NAME.
2. DATE OF BIRTH.
3. SSN (ENTER FULL SSN).
4. RANK/CIVILIAN.
5. STATE AND DRIVERS LICENSE.
6. LOCATION OF WEAPON (ON POST OR OFF POST).
7. EMAIL ADDRESS.
8. UNIT/ADDRESS.
9. FIREARMS INFORMATION SECTION (LIST OF FIREARMS TO BE REGISTERED).
10. HOME ADDRESS.
11. PHONE NUMBER.
12. ALTERNATE PHONE NUMBER.
13. DIGITAL SIGNATURE OR MANUAL SIGNATURE OF FIREARM OWNER/SPONSOR.
14. COMMANDER'S ACTION SECTION (IF APPLICABLE).
15. COMMANDER'S NAME (IF APPLICABLE).
16. COMMANDER'S RANK (IF APPLICABLE).
17. COMMANDER'S PHONE NUMBER (IF APPLICABLE).
18. COMMANDER'S UNIT IDENTIFICATION CODE (UIC) IF APPLICABLE.
19. COMMANDER'S SIGNATURE (IF APPLICABLE).
20. WEAPONS REGISTRATION CLERK USE ONLY SECTION.
21. INITIAL REGISTRATION CLERK'S SIGNATURE.
22. FINAL REGISTRATION CLERK'S SIGNATURE.

FOR QUESTIONS AND CONCERNS IN FILLING OUT THIS FORM CALL (270)798-5047.