

FORT CAVAZOS FIREARMS REGISTRATION FORM
(For use of this form see Fort Cavazos Regulation 190-11)

**THE TEXAS CONCEALED HANDGUN LAW DOES NOT APPLY ON FORT CAVAZOS.
CONCEALED HANDGUNS ARE PROHIBITED ON FORT CAVAZOS**

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.

PRINCIPLE PURPOSE(s): To record personal information on an individual who registers and stores his or her privately owned weapon.

ROUTINE USES: To use request 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 Cavazos.

PERSONAL INFORMATION

1. Name (Printed Name) (Last, First, MI)		2. Social Security Number (Enter Full SSN)	
3. Rank/CIV/Retired		4. Fort Cavazos Unit/Activity/Contractor Company Name	
5. Weapon Storage Location			
6. State & Drivers License #	7. Date of Birth	8. Phone Number (Area Code & Number)	

FIREARMS INFORMATION

SERIAL #	TYPE	MAKE	MODEL	CALIBER	FINISH

9. Do You Have Weapons Not Listed On This Form That Were Previously Registered on Fort Cavazos or another Installation?		If Yes, What Installation?	10. Do You Intend To Have Previously Registered Weapons, Registered at Fort Cavazos?	
YES	NO		YES	NO

OWNER/SPONSOR: I certify by signing block 13, that I understand - Firearms will be stored, transported and carried pursuant to FC Reg 190-11. Firearms will not be stored in troop billets. Firearms will not be concealed. Registration will be carried with the firearm whenever it is transported on Fort Cavazos - Registration is not transferable. I will notify the DES or the Visitor Control Center upon ETS, PCS, sell or transfer.

11. Home Address (Street Name, City, State, Zip Code)

12. Registrants Email Address (print legible)

13. Signature of Registrant

Additional Authorization to transport. I certify that my spouse or dependent listed below is authorized to transport my registered weapon (print legible).

Name (Last, First, MI) _____ Spouse _____ Dependent _____

UNIT COMMANDER'S ACTION

14. Commander's Name (Last, First, MI)	15. Rank	16. Phone (Area Code & Number)	17. Commanders Email Address
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I certify by signing block 18, the registrant has made me aware of any and all firearms Not listed on this form that were previously registered and are being transferred to Fort Cavazos.

18. Signature of Approving Commander

WEAPONS REGISTRATION CLERKS USE ONLY

19. Today's Date	20. Printed Name (Negative NCIC) Signature	21. Expiration Date (Valid for 4 years then must be re-registered)
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FORT CAVAZOS FIREARMS REGISTRATION FORM

INSTRUCTIONS FOR COMPLETING FORT CAVAZOS FORM 190-19

1. All firearms must be registered with the DES, Visitor Control Center (VCC) pursuant to Army Regulation 190-11 and Fort Cavazos Regulation 190-11 prior to being brought onto the installation (Note: Firearms will not be transported inside the registration building).
2. Soldiers are required to have their unit commander complete and sign the unit commander's portion of this form. Retired military personnel and civilian personnel do not require commander's approval and may self approve this form by signing block 13.
3. Registration may be completed by:
 - a. Manual - Complete form, attach commanders assumption of command and hand carry to the Marvin Leath Visitor Center, building 69012, from 0500-2100. For temporary registration after hours, use the Main Gate (TJ Mills Gate) or DES building 23020 (MP DESK).
 - b. Automated - digitally sign and send email with the completed form and commanders assumption of command to: usarmy.cavazos.id-readiness.list.des-visitor-welcome-center@army.mil. Once completed, owner will receive registration via return e-mail.

INFORMATION REQUIRED BY- BLOCK ON FORM

1. NAME OF FIREARM OWNER
2. SOCIAL SECURITY NUMBER (ENTER FULL SSN)
3. RANK/CIVILIAN/RETIRED
4. FORT CAVAZOS UNIT/ACTIVITY/CONTRACTOR COMPANY NAME
5. WEAPON STORAGE LOCATION
6. STATE & DRIVERS LICENSE NUMBER
7. DATE OF BIRTH
8. PHONE NUMBER (AREA CODE AND NUMBER)
9. DO YOU HAVE WEAPONS NOT LISTED ON THIS FORM THAT WERE PREVIOUSLY REGISTERED
10. DO YOU INTEND TO HAVE PREVIOUSLY REGISTERED WEAPONS, REGISTERED AT FORT CAVAZOS
11. HOME ADDRESS (STREET NUMBER, CITY, STATE, ZIP CODE)
12. REGISTRANT'S EMAIL ADDRESS
13. DIGITAL OR MANUAL SIGNATURE OF FIREARM OWNER/SPONSOR
14. COMMANDER'S NAME (IF APPLICABLE)
15. COMMANDER'S RANK (IF APPLICABLE)
16. COMMANDER'S PHONE NUMBER (IF APPLICABLE)
17. COMMANDER'S EMAIL
18. DIGITAL OR MANUAL SIGNATURE OF APPROVING COMMANDER (IF APPLICABLE)
19. TODAY'S DATE
20. REGISTRATION CLERK'S PRINTED NAME/SIGNATURE FOR NEGATIVE NCIC CHECK
21. EXPIRATION DATE (VALID FOR FOUR YEARS)

FOR QUESTIONS FILLING OUT THIS FORM CALL (254) 287-9909