

(FH REG 190-11)

MILITARY AFFILIATION /PUPOSE /STORAGE

MILITARY (ACTIVE) MILITARY (RETIRED) CIVIL SERVICE NON-MILITARY

PURPOSE OF WPN REGISTRATION: _____

WEAPON STORAGE: ON POST OFF POST

WEAPON STORAGE ADDRESS: _____

NUMBER OF WEAPONS BEING REGISTERED: REGISTRATION CLASS:

"THIS IS NOT A HUNTING PERMIT AND FIREARM WILL NOT BE CARRIED CONCEALED

CLASS "A" REGISTRATION permits the registrant to retain the firearm in his/her family or bachelor type quarters. Never in troop quarters.

CLASS "B" REGISTRATION permits the registrant to retain the firearm in his/her Unit Arms Room ONLY.

In accordance with AR 190-11, paragraph 4-5, these procedures will be followed to ensure compliance with the ownership and registration of privately owned weapons on Post.

The unit Commander will verify proof of ownership and ensure the Soldier is authorized to own a weapon prior to its registration. The commander will screen the individual to verify the Soldier has no disqualifying factors outlined in AR 190-11; para 4-5c (4). The Commander will also ensure the Soldier has received the appropriate safety training on the use and storage of the firearm and is knowledgeable of Federal, state, or local laws, or ordinances concerning the possession, use, and transportation of the firearm.

AUTHORITY: Title 10, USC, Sec. 3012 (g).

PRIVACY ACT STATEMENT (1974)

PRINCIPAL PURPOSE: The Social Security Number is used for Law Enforcement purposes as an additional means of identification of subjects, suspects, witnesses or complainants.

ROUTINE USES: Your Social Security Number is a major item used in processing machine record and output sequence for Military Police Management Information Systems.

PERSONAL DATA

FULL NAME (LAST, FIRST, M.I.)		RANK/ GRADE	SSN#:
RESIDENTIAL ADDRESS			
CITY	STATE	ZIP	TELEPHONE#

COMMAND DATA

ORGANIZATION	ADDRESS	DUTY TELEPHONE #

WEAPON (S) DATA

CMD INIT	WEAPON # 1 INFORMATION	SERIAL	TYPE	ACTION
		MAKE	MODEL	CALIBER
	COLOR	OVERALL LENGTH	BARREL LENGTH	

OWNER'S SIGNATURE: _____ DATE: _____

Command Authorization (Required for Active Duty Personnel Only)

COMMANDER'S SIGNATURE: _____ DATE: _____

Rank Full Name (Print): _____

REGISTRAR'S SIGNATURE: _____ DATE: _____

CMD INIT	WEAPON # 2 INFORMATION	SERIAL	TYPE	ACTION
		MAKE	MODEL	CALIBER
		COLOR	OVERALL LENGTH	BARREL LENGTH

CMD INIT	WEAPON # 3 INFORMATION	SERIAL	TYPE	ACTION
		MAKE	MODEL	CALIBER
		COLOR	OVERALL LENGTH	BARREL LENGTH

CMD INIT	WEAPON # 4 INFORMATION	SERIAL	TYPE	ACTION
		MAKE	MODEL	CALIBER
		COLOR	OVERALL LENGTH	BARREL LENGTH

CMD INIT	WEAPON # 5 INFORMATION	SERIAL	TYPE	ACTION
		MAKE	MODEL	CALIBER
		COLOR	OVERALL LENGTH	BARREL LENGTH

CMD INIT	WEAPON # 6 INFORMATION	SERIAL	TYPE	ACTION
		MAKE	MODEL	CALIBER
		COLOR	OVERALL LENGTH	BARREL LENGTH

OWNER'S SIGNATURE: _____

DATE: _____

Command Authorization *(Required for Active Duty Personnel Only):*

COMMANDER'S SIGNATURE: _____

DATE: _____

Rank Full Name (Print): _____

REGISTRAR'S SIGNATURE: _____

DATE: _____