

Weapon Registration Instructions

Instructions

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The information collected on this form is used to determine your acceptability for Weapon Registration on Fort Huachuca. You will be asked to complete this form prior to submitting your weapon registration form FH 190-11 6 R-E Nov 2018. Follow instructions that the Visitor Control Center and this packet provides.

Weapon Registration Packet is found at:

https://home.army.mil/huachuca/applications/files/5515/8266/0911/WEAPONS_REGISTRATION_FORMFillable.pdf

The Access Request Form (below) is required to be filled out with the appropriate information in Sections 1, 2, 3, 5 (if applicable), and 6.

All your answers must be truthful and complete. **A false statement on any part of this form or attached forms or sheets may be grounds for not granting access to the installation.**

This form is editable, so you may type your responses on this form, using a computer utilizing the adobe Acrobat application, and print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, birth date, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

(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: _____