

Military Personnel WEAPON REGISTRATION

ARMY REGULATION 190-11 & FORT LEE REGULATION 190-2

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 3013, Title 5, USC Section 2951: E.O. 9397 Social Security Number (SSN)

PURPOSE: To document weapons registrations within COPS data base.

ROUTINE USES: Information provided may be further disclosed to Federal, State, and Local law enforcement agencies, prosecutors, and courts.

DISCLOSURE: Voluntary disclosure. However, failure to provide the information will preclude registration and authorization to possess a privately owned weapon on a military installation.

COMPLETION INSTRUCTIONS

Complete Section 1 and 2 and turn into Weapons Registration Office. You will be notified when checks are complete. After checks are complete turn into Commander for signature and approval. Once signed by the Commander bring to Weapons Registration Office for issuance of permit.

Section 1: PERSONAL INFORMATION

NAME: _____ DATE: _____
SSN: _____ RANK: _____
SEX: _____ RACE: _____ DOB: _____
WEIGHT: _____ EYE COLOR: _____ HEIGHT: _____
UNIT: _____ HAIR COLOR: _____
RESIDENCE ADDRESS: _____
WORK PHONE#: _____
HOME PHONE#: _____

Section 2: WEAPON INFORMATION

TYPE: _____ WEAPON STORAGE: _____
MODEL: _____ CALIBER: _____
SERIAL#: _____ BARREL LENGTH: _____
OVERALL LENGTH: _____ MAKE: _____
FINISH: _____

REGISTRANT'S SIGNATURE: _____

Weapons Registration Office

____ No information which precludes weapons registration was found during the background check.

____ Information which precludes weapons registration was found during the background check.

CHECK COMPLETED BY: _____ DATE: _____

I AW AR 190-11, para. 4-5c(2), I, as the Commander, have verified legal ownership of the firearm and affirm that the Soldier or Family Member has received safety training on the proper use and storage of the firearm and is knowledgeable on the federal, state, and local laws concerning the possession, use, and transportation of the firearm.

COMMANDER'S NAME: _____

COMMANDER'S SIGNATURE: _____ **DATE:** _____

REGISTRATION OFFICE: _____

DATE ENTERED: _____ BY: _____