

WEAPON REGISTRATION

****write legibly****

SSN (full SSN required) : _____

Last Name: _____

First Name: _____

Grade/Rank: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Email Address _____

Home Address _____

Unit Address: _____

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 3012.
 PRINCIPAL PURPOSE: To facilitate DES in gathering required information on individuals maintaining weapons on post.
 ROUTINE USES: Information is maintained on file and used to identify privately owned weapons on Fort Meade.
 MANDATORY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION. Personnel not disclosing information will not be permitted to maintain a weapon on Fort Meade.

FB (PM) FM 100

1 Oct 94 (Rev) Previous edition dated 1 Nov 93 is obsolete

****write legibly, Registration Number is assigned by VCC/DES****

Serial #	Type (ie: pistol, shotgun, rifle, etc.)	Make / Brand	Model	Caliber / Gauge	Barrel Length
01					
02					
03					
04					
05					
06					
07					

A friendly reminder: Weapons should be secured and unloaded to prevent accidents/unauthorized use.
 This permits you to keep the above listed firearm(s) in family or bachelor type quarters. This is not a hunting permit.

OWNER'S SIGNATURE

 VCC/DES REGISTRAR'S SIGNATURE

COMMANDER'S NAME (print)

 DATE

COMMANDER'S SIGNATURE

**** E6's and below Commander signature is required. If your spouse is registering the weapon a commander signature is still required ****