REGISTRATION OF PERSONAL FIREARMS
(The proponent of this form is the Directorate of Emergency Services)

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY. Title 10 USC, Section 3012. PRINCIPAL. PURPOSE: To assist the commander in carrying out effective law enforcement and crime prevention programs. ROUTINE USE: Information is furnished to criminal justice element outside DOD for investigation and prosecution when such cases fall within their jurisdiction or concurrent jurisdiction is applicable. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of the information is voluntary. Failure to provide SSN and other information may result in a delay or error in processing the registration. AUTHORITY FOR CIVILIANS. 36 CFR 327.13 states weapons can be used for hunting IAW 36 CFR 327.8 (d).

DO NOT BRING WEAPONS TO REGISTRATION STATION / THIS IS NOT A HUNTING PERMIT / FIREARMS WILL NOT BE CARRIED CONCEALED

Class "A" registration: Permits the registrant to retain the firearm/weapon in his family or bachelor type quarters or Unit Arms Room.
Class "B" registration: Permits the registrant to retain the firearm in his/her Unit Arms Room ONLY. (NEVER store weapons in troop billets or vehicle)

Red outlined fields required. Green outlined fields for sponsor information.

Personal Info

Note: Click on the desired field with the mouse or use the TAB key to move to the next field, Shift-TAB for the previous field.

SSN #	Last Name	First Name	Middle Name	Suffix

Driver License #	License State	Category	Grade/Rank	Birth Date	ETS Date
	.	.			

Component	Gender	(ft) Height (in)		Weight (lb)	Eye Color	Hair Color	Marital Status	Race	Ethnicity
	.	.	.		.	.	.	.	.

Sponsor Info

SSN	Last Name	First Name	Relation to Sponsor	Organization	Deceased?
			.		N/A

Home Address

Address	City	State	Zip	Country	Phone
		.			

Unit Address

UIC / Organization	Unit Address	Installation

City	State	Zip	Country	Unit Phone
	Georgia			

Serial Number	Type (e.g. Handgun/Rifle)	Make (e.g. Remington/Lugar)	Model (e.g. A110/Hunter	Finish (e.g. Blued/Silver)	Caliber (e.g. 25/9mm)

Click circle where weapon will be stored: ◉ **Off Post** ○ **Installation Housing (A)** ○ **Unit Arms Room (B)**

Requester's Printed Name:		Requester's Signature/Date:	
Registrar's printed Name:		Registrar's Signature/Date:	

The Soldier / Family Member listed above have met all requirements as outlined in AR 190-11, Para 4-5.

Note: Soldier must provide a copy of Assumption of Command Orders with this form to the Registration Office.

Commander's Printed Name:		Commander's Signature/Date:	

Reinstated AFZP 2027