

PERSONAL WEAPONS REGISTRATION FORM
Proponent is Directorate of Emergency Services

REGISTRATION NUMBER

PRIVACY ACT STATEMENT: 1. Authority: Ex. Order 9397; 5 USC 301, Department Regulation; 10 USC 3013, Secretary of the Army; 10 USC 5013, Secretary of the Navy; 10 USC 5041, Headquarters, Marine Corps; 10 USC 8013, Secretary of the Air Force; FLW Regulation 210-25, Privately Owned Firearms, and other weapons. 2. Principal Purpose(s): To permit the owner of a personal firearm, who resides on a military installation to maintain the weapon on that installation and to record legitimate ownership of the weapon. 3. Routine Uses: SSN and other identifying data is used to positively identify the service member. 4. Voluntary Disclosure: Failure to provide complete information may delay or prevent approval of privilege to maintain personal firearms in family quarters or to the otherwise lawfully possess them on Fort Leonard wood military installation.

1. Name of Owner (Last, First, MI): 2. DOB: 3. SSN: 4. Grade/ Rank/ Status:

5. Height: 6. Weight: 7. Eye Color: 8. Hair Color:

9. Work Telephone Number: 10. Home Telephone Number:

11. Organizations: 12. Local Home Address:

13. Background check has been completed and derogatory information IS or IS NOT attached.

(Background check completed By)

Official E-Mail Address	Date	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

DESCRIPTION OF FIREARMS AND STORAGE

MAKE	TYPE	SERIAL#	CALIBER/GAUGE	MODEL#	PLACE OF STORAGE

PERSONAL WEAPONS REGISTRATION FORM CONTINUE

14. I understand that personal firearms must be properly registered with the Office of the Provost Marshal within 24 Hours of receipt of the weapon or arrival at FLW. The possession on Fort Leonard Wood without proper registration is unlawful. I have read and understand the Post Regulations governing firearms. All local, state, and federal laws governing private weapons have been accomplished. I also understand that a background check and a National Criminal Information Center (NCIC) check will be completed prior to registration.

I further understand that a concealed carry permit from the state of Missouri or any other state is NOT valid on the Fort Leonard Wood Federal Military Installation. A LEOSA card is not valid on FLW without a fully completed staffing.

Signature of Owner:

Date:

15. I certify that this soldier and/or family member (if applicable) residing on Fort Leonard Wood have received safety training on the use and storage of private weapons, I have verified ownership and eligibility to register a weapon to the extent of my abilities and approve of this registration.

Signature of Commander:

Date:

THE ORIGINAL COPY OF THIS FORM WILL BE RETAINED BY THE OWNER

THIS FORM IS NON-TRANSFERABLE

FIREARMS REQUIREMENTS: All firearms entering the installation **MUST** be registered. Firearms **MUST** be **transported unloaded** and locked in a trunk, locked in a case, locked with a trigger lock, or disassembled. Person under eighteen (18) years of age must be accompanied by an adult who is responsible for the conduct of the youth. Carrying concealed firearms is prohibited on this installation. See FLW 210-21 for hunting requirements. Discharging (firing) firearms (including target practice) is restricted to authorized ranges during authorized times.