APPLICATION FOR REGISTRATION CANCELLATION OF REGISTRATION OF PRIVATELY OWNED FIREARMS													
NAME (Last, First, Middle Initial) GRA			SSN	ORGANIZATION	ORGANIZATION				DEROS:				
									DUTY PHONE NO.:				
		•		PRIVACY ACT STATE	<u>MENT</u>								
1. AUTHC	ORITY: 10 U.S.C. 8012; 44 U.S	.C. 3101; and	d EO 9397.										
2. PRINCI	PAL PURPOSE: To record perso	nal informatio	n on an individual who regis	sters and stores his or h	er privately ov	wned wea	pons on an	army installation	or facility.				
	 ROUTINE USES: To maintain accountability of weapons, record when weapons are removed and returned to the facility, and to determine the numbers and location of privately owned weapons on an installation. Routine use could include disclosure to other investigatory authorities. Social Security Numbers (SSNs) are used for identifying and retrieving from the files. 												
	OSURE IS VOLUNTARY: Failure Ilation weapons which are not p							ore weapons on t	the installation. Attempts to keep on				
WEAPON NUMBER	TYPE (Rifle, Shotgun, etc.)		MAKE (Manufacturer)	CALIBER GAUGE			SIGNATURE OF REGISTER (PMO USE ONLY)						
1													
2													
3													
4													
5													
6													
7													
8													
THE ABOVE NAMED INDIVIDUAL IS AUTHORIZED TO (Check appropriate box) REGISTERING AUTHORITY (Typed Name, Grade, Tit. Symbol)													
ST ST	ORE FIREARMS IN THE UNIT AF	MS STORAG	E FACILITY LOCATED IN BI	LDG:									
ST	ORE FIREARMS IN THE ROD & O	GUN CLUB FA	CILITY LOCATED AT (INST	AL):									
SIGNATUR	E OF UNIT COMMANDER OR CU	DATE	I HAVE READ USFK REG 190-8 AND WILL COMPLY.			WILL COMPLY.							
								SIGNATU	RE OF OWNER				

WEAPON	MAKE	TEMPORARY WITHDRA	WALS	RETURN TO STORAGE		
NUMBER	MARE	SIGNATURE OF OWNER	DATE	SIGNATURE OF OWNER	DATE	
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