

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: _____ DOB: _____
RACE: _____ HEIGHT: _____
WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____
UNIT: _____ WORK PHONE#: _____
RESIDENCE ADDRESS: _____
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: _____

COMMANDER'S NAME: _____

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

REGISTRATION OFFICE:

DATE ENTERED: _____ BY: _____