

PRIVATELY OWNED FIREARMS REGISTRATION FORM

Name: (Last, First, Middle, Jr., Sr., III)				Sponsor Name:				Sponsor Phone No.	
DODID/SSN	Rank:	DOB:	Age:	Place of Birth:	Height:	Weight:	Hair Color:	Eye Color:	
Juvenile: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone:	Unit/Work Phone:	Driver's License No.:	State:	Component:	Specify (NG/AR/RA)		
Unit/Organization/Work Address:					Installation:		State:	Zip Code:	
Residence Address:					City:		State:	Zip Code:	

Category: Military (Army/Guard/Reserve) Civilian Contractor Family Member Guest Other (Specify) _____

Purpose for Registration: Residence Recreation Event Other (Specify) _____

Specify: _____

DES approval, initials and date. _____

I, _____ hereby acknowledge that this form constitutes a request for registration of my privately owned firearm(s). I am the legal owner/ I intend to purchase the firearm(s) I am requesting to register. I am aware of the requirement to comply with all federal, state, and local regulations pertaining to the ownership, possession, transportation, storage and use of firearms. I further understand that it is my responsibility to ensure all firearms that I introduce onto the Fort Moore Military Installation are registered and that failure to register a firearm(s) subjects me to judicial or administrative action under UCMJ, applicable federal, state and local regulations.

I Reside on Fort Moore Yes No

Signature: _____

Serial Number	Type/Action	Make	Model	Finish	Caliber

I, the undersigned, have verified that _____ assigned to _____

Is authorized to purchase/register a firearm(s) on the Installation as outlined in MCoE Regulation 190-11, para 2-2. Commander's Name/Email: _____ Phone: _____

Commander's Approval Signature/Date: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: DoD 5200.08-R, AR 190-11

Principal Purpose: To identify persons requesting to register a Privately Owned Weapon(s) on Fort Moore for the purpose of bringing the weapon onto the installation for an authorized activity.

Routine Uses: This document will be used for informational purposes in order to input the provided information into the ALERTS database.

Disclosure: Disclosure of this information is voluntary. However, failure to disclose or providing false information will result in denial of weapons registration, criminal and administrative sanctions that may include an exclusion action, UCMJ action, and other administrative sanctions deemed appropriate.