POHAKULOA TRAINING AREA REGISTRATION OF PERSONAL FIREARMS

FOR DOD CIVILIANS, ACTIVE DUTY, MILITARY RETIREES AND NON-AFFILIATED CIVILIANS

(Information on the form must be legible. Weapon registration is nontransferable)

PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C., Section 3103. PURPOSE: To assist the commander in carrying out an effective law enforcement, crime prevention, and safety program. The home address and home phone number are required to enable personnel to contact the registrant. ROUTINE USE: Information on weapons registration is furnished to Federal Bureau of Investigation, US Customs services, Bureau of Alcohol, Tobacco and Firearms, state and local law enforcement, etc., for investigation and prosecution when such cases fall within their jurisdiction. DISCLOSURE: Disclosure of the information is voluntary; however, failure to provide the information may result in not being allowed to register personal firearms.

1. NAME OF OWNER				2. DATE OF BIRTH	3. INSTALLATION ACCESS CHECK ALL THAT APPLY	
Last,		First,	MI	MM/DD/YYYY	(PLACE "X" IN APPROPRIATE	
				/ /	☐ Hunter Access (Game	Bird Only)
4. EMAIL ADDRESS				5. TITLE	☐ Shotgun Range	
					☐ Rifle Range	
6. HOME ADDRESS / MAILING ADDRESS				7. CITY	8. STATE 9. ZIP CODE	
10. WORK PHONE NUMBER () -				11. HOME PHONE NUMBER () -		
12. DRIVER LICENSE NUMBER AND STATE				13. COLOR EYES COLOR HAIR WEIGHT HEIGHT 14. SOCIAL SECURITY #		
15. I certify by my signature that all information submitted on this form is true and correct and that I am not prohibited to own or possess a firearm.				16. SIGNATURE		17. DATE SIGNED
				Registration for each firearm listed below at the time of registration.		
	MAKE	TYPE ACTION	MODE	EL NUMBER	GAUGE/CALIBER	SERIAL NUMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						