

FOR DOD CIVILIANS, 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 -Last, First, MI		2. DATE OF BIRTH		3. INSTALLATION ACCESS CHECK ALL THAT APPLY (PLACE "X" IN APPROPRIATE BOX)	
		/ / MM/DD/YYYY			
4. EMAIL ADDRESS			5. TITLE		
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 have read and understand the key provisions of the 190-11 regulations which are printed on the back of this form and certify by my signature that none of the listed conditions, which could prohibit me from possessing a firearm, apply to me.			16. SIGNATURE		17. DATE SIGNED

18. DESCRIPTION OF FIREARM REGISTRATION NOTE: Provide copy of State Registration for each firearm listed below at time of registration or update

	MAKE	TYPE ACTION	MODEL NUMBER	GAUGE/CALIBER	SERIAL NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

