

PRIVATELY-OWNED WEAPONS REGISTRATION

For use of this form, see Fort Knox Regulation 190-11

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 190-11, Physical Security of Arms, Ammunition, and Explosives; Fort Knox Regulation 190-11, Physical Security of Privately Owned Weapons and Ammunition, and E.O. 9397 (SSN)

PRINCIPLE PURPOSE: To authorize the storage and/or the use of a privately-owned firearm(s) on the installation for engaging in authorized activities, such as hunting, shooting, or dog training, and to record legitimate ownership of the firearm(s).

ROUTINE USE: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilation of Systems of Record Notices also applies to this system.

DISCLOSURE: Mandatory for individuals bringing firearm(s) onto the installation. Bringing firearm(s) onto the installation without providing the information may result in UCMJ action, loss of hunting and shooting privileges on the installation, or debarment from the installation.

1. REGISTRANT (Last, First, MI):

2. DOB: 3. GRADE/RANK/CIVILIAN: 4. SSN:

5. WEIGHT: 6. HEIGHT: 7. HAIR COLOR: 8. EYE COLOR

9. ORGANIZATION/UNIT (Military and their Family Members Only):

10. CONTACT/UNIT PHONE NUMBERS:

11. HOME ADDRESS:

12. Copy of State Issued ID:

COPY OF STATE ISSUED ID

	YES	NO	
13.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony offense?
	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a misdemeanor or felony crime of domestic violence?
	<input type="checkbox"/>	<input type="checkbox"/>	Are you a fugitive from justice?
	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted in any court for the possession, use, or sale of marijuana, or other dangerous or narcotic drugs?
	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently declared as mentally incompetent or presently committed to a mental institution?

14. Storage Location of weapons (circle all that apply):
 On Post Off Post Arms Room

15. Address of weapons if different from Home Address (Military Only):

16. Applicant's Signature: _____ Date: _____

17. *Commander's signature block and signature: _____ Date: _____
 (Not required for civilians)

WEAPONS INFORMATION

18. ALL WEAPONS REGISTRATIONS WILL BE VALID FOR 3 YEARS AND MUST BE REGISTERED EVERY 3 YEARS: _____

WEAPONS #	MAKE	TYPE OF ACTION (Bolt, Pump, Antique, Semi-Automatic)	SERIAL NUMBER	CALIBER / Gauge	Model
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes:
 *Military and their Family Members require Unit Commander Signature. AR 190-11, paragraph 4-5d(2) lists the Unit Commander's responsibilities.. Commander's signature constitutes he or she has verified all requirements IAW 190-11.
 **List Additional Firearms on reverse of this page

Additional Firearms

WEAPONS #	MAKE	TYPE OF ACTION (Bolt, Pump, Antique, Semi-Automatic)	SERIAL NUMBER	CALIBER / Gauge	Model
11					
12					
13					
14					
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