PRIVATELY-OWNED WEAPONS REGISTRATION

For use of this form, see Fort Knox Regulation 190-13

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 190-13, Fort Knox Physical Security Program, and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: To authorize the storage and/or the use of 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 Use" set forth the beginning of the Army's Compilation of System of Record Notices also applies to this system.

DISCLOSURE: Voluntary. Information is required to bring firearm(s) onto the installation. Failure to provide the requested information will result in the denial of bringing firearm(s) on 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):			12. Copy of State Issued ID:
2. DOB:	3. GRADE/RANK/CIVILIAN:	4. SSN:	COPY OF STATE ISSUED ID
5. WEIGHT:	6. HEIGHT:	7. HAIR COLOR / 8. EYE COLOR	
9. ORGANIZATION/UNIT/DIRECTORATE:			
10. CONTACT/UNIT PHONE NUMBERS:			
11. HOME ADDRESS:			

13.			
☐ Yes	☐ No	Have you ever been convicted of a felony offense?
☐ Yes	☐ No	Have you ever been convicted of a misdemeanor of felony crime of domestic violence?
☐ Yes	☐ No	Are you a fugitive from justice?
☐ Yes	☐ No	Have you ever been convicted in any court for the possession, use, or sale of marijuana, or other dangerous or narcotic drugs?
☐ Yes	☐ No	Are you currently declared as mentally incompetent or presently committed to a mental institution?
☐ Yes	☐ No	Do you possess a Law Enforcement Officer Safety Act (LEOSA) Credential?

14. Storage Location of weapons (check 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 (Not required for civilians): / Date:

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 the second page

Additional Firearms					
WEAPONS #	MAKE	TYPE OF ACTION (Bolt, Pump, Antique, Semi-Automatic)	SERIAL NUMBER	CALIBER/Gauge	MODEL
11					
12					
13					
14					
15					
16					
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