

REGISTRATION OF PERSONAL FIREARM OR WEAPON

For use of this form, see Fort Drum Regulation 190-6. The proponent is DES.

PRIVACY ACT STATEMENT The information you provide is covered by the Privacy Act of 1974, Title 5, U.S.C. 552a.
AUTHORITY: 10 U.S.C. 3013, Department of the Army, Army Regulation 190-14, Carrying of Firearms and Use of Force for Law Enforcement Security Duties; and E.O. 9397 (SSN).
PRINCIPAL PURPOSE(S) To register all personal weapons maintained on, or brought onto the installation, to assist the commander in carrying out effective law enforcement, troop safety and crime prevention programs.
ROUTINE USES In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, information provided on this form may be furnished to criminal justice elements outside the Department of Defense for investigation and prosecution when such cases fall within their jurisdiction or concurrent jurisdiction is applicable. These include: Federal Bureau of Investigation; U.S. Customs Services; Bureau of Alcohol, Tobacco and Firearms; U.S. District Courts; U.S. Magistrates; state and local law enforcement; wildlife conservation and public health agencies; and, in overseas areas, host government law enforcement agencies. The 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.
DISCLOSURE Mandatory. Information must be provided for all personal firearms and/or weapons on the installation.

Social Security Number	Driver's License Number	State
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Name

Address

City	State	Zip Code
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Home Phone Number

Unit or Agency

Unit/Work Phone Number

Category Army Coast Guard Air Force Marines
 Navy NOAA Public Health Civilian

Component Regular Reserves National Guard N/A

Rank/Grade	ETS Date	Date of Birth
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Height	Weight	Eye Color	Hair Color
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NYS Pistol Permit Number

Weapon Serial Number				
Weapon Type (Choose Code from below)				
Weapon Model				
Weapon Maker				
Weapon Caliber				
Weapon Finish				
Place of Storage				
Registration Date				

Weapon Codes	1 - Airsoft	2 - Bayonet	3 - BB	4 - Bow	5 - Crossbow	6 - Knife
	7 - Paintball	8 - Pistol	9 - Rifle	10 - Shotgun	11 - Sword	12 - Other (Specify)

(For Office Use Only) (See page 2 for registrant certification/signature.)

Signature of Registrar

Date

Penalties for inaccurate or False Statements: The US Criminal Code (Title 18, Section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines up to \$10,000 and/or 5 years imprisonment, or both.

If you answer "Yes" to any of the below questions, please explain in the Remarks.

Question	YES	NO
1. Have you ever been convicted in any court of any felony offense?		
2. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?		
3. Are you a fugitive from justice?		
4. Have you ever been convicted in any court (includes nonjudicial punishment received under Article 15, UCMJ) of the possession, use, or sale of marijuana, dangerous or narcotic drugs?		
5. Have you been declared mentally incompetent or presently committed to any mental institution?		
6. Have you consulted or are you presently consulting with a behavioral health professional (psychiatrist, psychologist, counselor, etc.) related to harming yourself or others?		
7. Do you have a profile against carrying a weapon and/or on medications that prohibit carrying of a weapon?		

Remarks:

Certifications That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See Section 1001 of Title 18, United States Code.)

Signature (Sign in Ink or Electronically)

Date

Commander's Certification

I have reviewed the above information and verified the individual is not prohibited from owning a firearm. I have briefed the individual on their responsibilities for security, accountability, and safety of all assigned privately owned weapons and ammunition IAW AR 190-11. I approve the request to register privately owned weapons and will ensure proper security and accountability is accomplished IAW AR 190-11 and Fort Drum Regulation 190-6.

Printed Name, Rank

Signature (Sign in Ink or Electronically)

Date