

If you have more than 8 weapons to register, complete this form with the first 8 submit, then reset and continue with another form until all your weapons are registered.

REGISTRATION OF PERSONAL FIREARMS: _____ (A copy of this registration will be retained by the owner. Please print this for you copy. This registration is not transferable.)						CLASS A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
DOB: _____		POB: _____		REGISTRATION NUMBER: _____		SSN: _____	
1. NAME OF OWNER (Last, First, MI) _____						3. RANK _____	
2. HOME ADDRESS _____						4. EMAIL _____	
5. ORGANIZATION _____						6. TELEPHONE NUMBER () _____	
7. DESCRIPTION OF FIREARM							
MAKE	TYPE	SERIAL NO	CALIBER/GAUGE	MODEL NO	BARREL/LENGTH	OVERAL LENGTH/FINISH	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
9. Personal firearms must be properly and promptly registered with the PMO. Their possession on the post or in quarters without such registration is unauthorized.							
10. I have read and understand the post regulation governing personal firearm requirements of local, state, federal laws governing registration of POW.					DRIVER LICENSE #		STATE:
11. SIGNATURE OF UNIT CDR & DATE					12. SIGNATURE OF REGISTRAR & DATE:		
PRIVACY ACT OF 1974							
AUTHORITY: 10 U.S.C, Section 3013 PURPOSE: To assist the commander in carrying out effective law enforcement, troop safety, and crime prevention program. The SSN is required for identification purpose. The home address and home phone number is required to contact the owner of firearms. ROUTINE USE: Information 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 all information may result in not being allowed to register personal firearms.							