

PERSONAL WEAPONS REGISTRATION FORM
Proponent is Directorate of Emergency Services

REGISTRATION NUMBER

PRIVACY ACT STATEMENT: 1. Authority: Ex. Order 9397; 5 USC 301, Department Regulation; 10 USC 3013, Secretary of the Army; 10 USC 5013, Secretary of the Navy; 10 USC 5041, Headquarters, Marine Corps; 10 USC 8013, Secretary of the Air Force; FLW Regulation % \$-*, Privately Owned Firearms and other weapons. 2. Principal Purpose (S): To permit the owner of a personal firearm, who resides cn : cfh@cbUfX'K ccX to maintain the weapon on thY installation and to record legitimate ownership of the weapon. 3. Routine Uses: SSN and other identifying data is used to positively identify the UWfj YXi hma]]Hfmmember'cf h Yf' Zla]ma Ya VYfg. 4. Voluntary Disclosure: Failure to provide complete information may delay or prevent approval of privilege to maintain personal firearms in family quarters or to the otherwise lawfully possess them on Fort Leonard wood military installation. Firearms will not be brought to the Visitor Control Center for registration or any other reason.

1. Name of Owner(Last, First, MI):	2. DOB:	3. SSN:	4. Grade/ Rank/ Status:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Height:	6. Weight:	7. Eye Color:	8. Hair Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Work Telephone Number:	10. 9a Uj`5 XXfYgg:		
<input type="text"/>	<input type="text"/>		
11. Organizations:	12. Local Home Address		
<input type="text"/>	<input type="text"/>		

: cf`K YUdcbg`FY] jghUjcb`CZ]W1 gY`Cb`m

13. 89G`Background check has been completed and derogatory information IS or `IS NOT attached.

Official E-Mail Address Date Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

DESCRIPTION OF FIREARMS AND STORAGE					
MAKE	TYPE	SERIAL#	CALIBER/GAUGE	MODEL#	PLACE OF STORAGE

PERSONAL WEAPONS REGISTRATION FORM CONTINUE

14. I understand that personal firearms must be properly registered with the Office of the Provost Marshal within five (5) duty days of receipt of the weapon. The possession on Fort Leonard Wood without proper registration is unlawful. I have read and understand the Post Regulations governing firearms. All local, state and federal laws governing private weapons have been accomplished. I also understand that a background check and a National Criminal Information Center (NCIC) check will be completed prior to complete registration.

I further understand that a concealed carry permit from the state of Missouri or any other state, is NOT valid on the Fort Leonard Wood Federal Military Installation.

Signature of Owner: _____

Date:

15. I certify that this soldier and family members (if applicable) residing on Fort Leonard Wood have received safety training on the use and storage of the above weapons, I have verified ownership and eligibility to register a weapon and approve of this registration.

Signature of Commander: _____

Date:

THE ORIGINAL COPY OF THIS FORM WILL BE RETAINED BY THE OWNER

THIS FORM IS NON-TRANSFERABLE

FIREARMS REQUIREMENTS: All firearms entering the installation MUST be registered. Firearms MUST be transported unloaded and locked in a trunk or locked in a case or locked with a trigger lock or disassembled. Under eighteen (18) years old must be accompanied by an adult who is responsible for the conduct of the youth. Carrying concealed firearms is prohibited on this installation. Discharging (firing) firearms (like target practice) is restricted to authorized ranges during authorized times. Firearms will not be brought to the Visitor Control Center for registration or any other reason.