



## PERSONALLY OWNED WEAPONS FACT SHEET



Possession of a firearm—by anyone—on Fort Benning is a privilege granted by the Installation Commander and governed by MCoE Regulation 190-11. Persons wishing to possess a personally owned weapon (POW) on the installation must register the POW on the installation and store/secure the weapon in accordance with the forgoing regulation. Anyone in possession of a POW shall present their registration to any law enforcement officer upon request or be subject to administrative or judicial actions.

The following are considered privately owned weapons prohibited on the installation: sawed-off shotgun, sawed-off rifle, a firearm with an altered or removed serial number, machine gun not registered with the ATF, rocket launcher, bazooka, recoilless rifle, mortar, hand grenade, or similar type devices intended to injure or kill a person.

### Registration:

- Registration will be completed using FB (DES) Form 190-11-R
- Persons residing on Fort Benning who own firearms must register each firearm within 10 working days of bringing the firearm onto post
  - even if that weapon is purchased on the installation
- Short term guest on the installation must register all POW 96 hours before arrival at Fort Benning
  - may fax the registration request to the DES ADMIN Records section at 706-545-7455, ATTN Weapons Registration
  - failure to pre-register will result in denied access to post
- Soldiers and family members must submit the registration request to their unit commander for his/her approval
  - Commanders may require unit level POW training at their discretion
  - Commanders are the denial or revocation authority for Soldiers under their command requesting to register weapons on the installation.
    - If denied registration by a commander, the firearm(s) must be immediately removed from the installation.
- Registration forms must be submitted to the Military Police Station, Building 215, Wold Ave.
  - may submit the registration document 24 hours per day, seven days per week.
  - Do not bring firearm along to register

### Transportation of POW:

- Open carry is prohibited
  - except during authorized shooting or hunting

- Concealed carry is prohibited
  - regardless of valid state or county permits
- Only registered firearms may be transported
  - Persons PCSing into Fort Benning may transport weapon to on post housing but cannot remove the weapon until it is registered
- Must be unloaded
- Must be transported in a gun case
  - Must be separate from ammunition
  - Cannot be transported in a “gun sock” or holster
- Cannot be in plain view from outside of the vehicle
- Must be stored in the trunk

**Storage:**

- All weapons and ammunition must be stored by a means that cannot be opened by a child
- May be stored in family housing on post or MWR lodging
  - Must be secured in a locked container or with an affixed trigger lock
  - Ammunition must be secured separate from the weapon in a locked container
- May not be stored in barracks or bachelor officer quarters
  - Must store weapon and ammunition in their unit’s arms room

**Penalties:**

- Military personnel may be apprehended, processed, and titled under Article 92, UCMJ and released to their Commander or First Sergeant
- Family members who live on post may be apprehended, processed, and titled for violations and released to their sponsor
- Civilians and family members who live off post may be apprehended, processed, and titled for violations and escorted off the installation
- Civilians in violation are subject to exclusion from the installation



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PRIVATELY OWNED FIREARMS REGISTRATION FORM									
Name: (Last, First, Middle, Jr., Sr., III)					Sponsor Name:			Sponsor Phone No.	
SSN/FNN/ALIEN Reg. No.	Rank:	DOB:	Age:	Place of Birth:	Height:	Weight:	Hair Color:	Eye Color:	
Juvenile: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone:	Unit/Work Phone:	Driver's License No.:	State:	Component:	Specify (NG/AR/RA)		
Unit/Organization/Work Address:					Installation:	State:	Zip Code:		
Residence Address:					City:	State:	Zip Code:		
Category: <input type="checkbox"/> Military (Army/Guard/Reserve) <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Family Member <input type="checkbox"/> Guest <input type="checkbox"/> Other (Specify)									
Purpose for Registration: <input type="checkbox"/> Residence <input type="checkbox"/> Recreation Event <input type="checkbox"/> Other (Specify)					DES Approval Stamp (Initials/Date):				
Specify:									
<p>I, _____ hereby acknowledge that this form constitutes a request for registration of my privately owned firearm(s).</p> <p>I am the legal owner of the firearm(s) I am requesting to register. I am aware of the requirement to comply with all federal, state, and local regulations pertaining to the ownership, possession, transportation, storage and use of firearms. I further understand that it is my responsibility to ensure all firearms that I introduce onto the Fort Benning Military Installation are registered and that failure to register a firearm(s) subjects me to judicial or administrative action under UCMJ, applicable federal, state and local regulations.</p> <p>If a Soldier, I, and my family members, have completed safety training for the firearms being registered. I have read MCoE Reg 190-11 and am aware of the policies and procedures outlined in the regulation.</p> <p>Signature: _____</p>									
Serial Number	Type/Action	Make	Model	Finish	Caliber				
<p>I, the undersigned, have verified that _____ assigned to _____ is authorized to register a firearm(s) on the installation as outlined in MCoE Regulation 190-11, para 2-2.</p> <p>Commander's Name/Rank: _____ Phone: _____</p> <p>Commander's Approval Signature/Date: _____</p>									
DATA REQUIRED BY THE PRIVACY ACT OF 1974									
<b>Authority:</b>	DoD 5200.08-R, AR 190-11								
<b>Principal Purpose:</b>	To identify persons requesting to register a Privately Owned Weapon(s) on Fort Benning for the purpose of bringing the weapon onto the installation for an authorized activity.								
<b>Routine Uses:</b>	This document will be used for informational purposes in order to input the provided information into the Centralized Operations Police Suite.								
<b>Disclosure</b>	Disclosure of this information is voluntary. However, failure to disclose or providing false information will result in denial of weapons registration, criminal and administrative sanctions that may include an exclusion action, UCMJ action, and other administrative sanctions deemed appropriate.								