

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:		

I, _____ hereby acknowledge that this form constitutes a request for registration of my privately owned firearm(s).

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.

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.

Signature: _____

Serial Number	Type/Action	Make	Model	Finish	Caliber

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.

Commander's Name/Rank: _____ Phone: _____

Commander's Approval Signature/Date: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority:	DoD 5200.08-R, AR 190-11
Principal Purpose:	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.
Routine Uses:	This document will be used for informational purposes in order to input the provided information into the Centralized Operations Police Suite.
Disclosure	Disclosure of this informtaion 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.