



DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY MANEUVER CENTER OF EXCELLENCE
35 RIDGWAY LOOP
FORT BENNING, GEORGIA 31905-4500

REPLY TO
ATTENTION OF

UNIT SYMBOL

DATE

MEMORANDUM FOR DIRECTOR OF EMERGENCY SERVICES

SUBJECT: Authorization to Register a Privately Owned Firearm(s) on the Installation

1. I, _____, assigned to _____ affirm that:
Print - Last Name, First Name, MI UNIT

- a. I am the legal owner of the firearm(s) I am requesting to register.
- b. I have completed safety training for the firearms me or my family members are requesting to register.
- b. I have received a copy of and have read MCOE REG 190-11 and am aware of the policies and procedures outlined in the regulation.
- c. I was informed of the security and storage requirements for Soldiers and civilians living on the installation.
- d. I was informed of the requirement to comply with all federal, state and local regulations pertaining to the ownership, possession, transportation, storage and use of firearms.

Signed: _____, Date: _____

2. I, the undersigned, have verified that _____, assigned to _____ is not prohibited from owning a firearm as outlined in MCOE Regulation para 2-2.e and is authorized to register his firearms on the installation..

3. POC for this memorandum is the undersigned at _____.

COMMANDERS NAME
RANK, BRANCH
Commanding