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 190-6, Privately Owned Firearms and other weapons. 2. Principal Purpose (S): To permit the owner of a personal firearm, who resides on Fort Leonard Wood to maintain the weapon on the installation and to record legitimate ownership of the weapon. 3. Routine Uses: SSN and other identifying data is used to positively identify the active duty military member or their family members. 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:**

5. Height: **6. Weight:** **7. Eye Color:** **8. Hair Color**

9. Work Telephone Number: **10. Email Address:**

11. Organizations: **12. Local Home Address**

For Weapons Registration Office Use Only

13. DES Background check has been completed and derogatory information IS ☐ or IS NOT ☐ attached.

Official E-Mail Address **Date** **Name**

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 REQUIREMETS: **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.**