

FIREARMS REGISTRATION

(Army Regulation 190-11. The proponent of this form is DES)

IAW AR 190-11, PERSONNEL ARE PROHIBITED FROM CARRYING CONCEALED PRIVATELY OWNED FIREARMS ON ALL FEDERAL INSTALLATIONS.**PRIVACY ACT STATEMENT****AUTHORITY:** 10 U.S.C. 3013; 44 U.S.C., 31001; Army Regulation 190-11, Physical; Security of Arms, Ammunition and Explosives; E.O. 9397 (SSN)**PRINCIPLE PURPOSE(s):** To record personal information on an individual who registers and stores his or her privately owned weapon.**ROUTINE USES:** To use as proof of registration and to maintain a record documenting an authorized storage location for firearms and other privately owned weapons. Routine use could include disclosure to other investigative authorities. SSN used for identification and retrieving data from files.**DISCLOSURE:** Disclosure is voluntary; however, failure to disclose the information, to include SSN, may result in individual not being allowed to register or store firearms and other privately owned weapons on West Point. Attempts to keep firearms on West Point that are not properly registered and stored could result in confiscation, disciplinary action, or both.**PERSONAL INFORMATION**

1. NAME (Printed Name) (Last, First, MI)			2. Date of Birth		
3. SSN AND DOD ID:	4. RANK/CIV	5. STATE & DRIVERS LICENSE #		6. LOCATION OF WEAPONS	
7. PHONE NUMBER/E-MAIL ADDRESS:			8. UNIT/ADDRESS		

9. FIREARMS INFORMATION

SERIAL #	MAKE	MODEL	TYPE WEAPON	CALIBER	FINISH

OWNER/SPONSOR:

I certify by signing this form that I have received a briefing from the CDR on the use and and storage of POF, knowledge of Federal, State or local laws concerning the possession, use and transportation of the POF IAW AR 190-11.


10. HOME ADDRESS (Street #, City, State, Zip Code)

11. PHONE (Area Code & Number)	12. SSN/DOD ID:	13. SIGNATURE OF OWNER/SPONSOR
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14. UNIT COMMANDER'S ACTION

15. CDR's NAME (Printed Name) (Last, First, MI)	16. RANK	17. COMMANDER'S SIGNATURE
APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	

18. WEAPONS REGISTRATION CLERKS USE ONLY

	19. INITIAL REGISTRATION CLERK'S SIGNATURE	20. FINAL REGISTRATION CLERK'S SIGNATURE
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INSTRUCTIONS FOR COMPLETING FORM

1. All firearms brought onto the installation will be registered with the DES, Visitor Control Center (VCC) IAW AR 190-11. (Note: Firearms will not be transported inside the registration building.)
2. All Soldiers are required to have their unit commander complete and sign the unit commander's portion of the form. Officers in pay grade O-3 and above, retired military personnel, and civilian personnel may self approve this form. Authorized dependents will require sponsor's signature and commander approval.
3. Registration must be completed manually and brought to the PMO Building 616 Swift RD.

Information required by each block on form.

1. NAME
2. DATE OF BIRTH
3. SSN
4. RANK/CIVILIAN
5. STATE AND DRIVERS LICENSE
6. LOCATION OF WEAPON (ON POST OR OFF POST)
7. EMAIL ADDRESS
8. UNIT/ADDRESS
9. FIREARMS INFORMATION SECTION (LIST OF FIREARMS TO BE REGISTERED)
10. HOME ADDRESS
11. PHONE NUMBER
12. ALTERNATE PHONE NUMBER
13. DIGITAL SIGNATURE OR MANUAL SIGNATURE OF FIREARM OWNER/SPONSOR
14. COMMANDER'S ACTION SECTION (IF APPLICABLE)
15. COMMANDER'S NAME (IF APPLICABLE)
16. COMMANDER'S RANK (IF APPLICABLE)
17. COMMANDER'S SIGNATURE (IF APPLICABLE)
18. WEAPONS REGISTRATION CLERK USE ONLY SECTION
19. INITIAL REGISTRATION CLERK'S SIGNATURE
20. FINAL REGISTRATION CLERK'S SIGNATURE

FOR QUESTIONS AND CONCERNS IN FILLING OUT THIS FORM CALL THE POC AT 845-938-2208.