

WEAPON REGISTRATION

****write legibly****

SSN (full SSN required) : _____

Home Phone: _____

Last Name: _____

Work Phone: _____

First Name: _____

Email Address _____

Grade/Rank: _____

Home Address _____

Date of Birth: _____

Gender: Male Female **Height** ____ ft ____ in **Weight** _____

Unit Address: _____

Hair Color: _____ **Eye Color:** _____

Martial Status: _____ **Race:** _____

UIC: _____

List of Occupants with ages: _____

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 3012.

PRINCIPAL PURPOSE: To facilitate MP in gathering required information on personnell maintaining weapons on post.

ROUTINE USES: Information is maintained on file and used to identify privately owened weapons on Fort Belvoir.

MANDATORY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION. Personnel not disclosing information will not be permitted to maintain a weapon on Fort Belvoir.

FB (PM) FM 100

1 Oct 94 (Rev) Previous edition dated 1 Nov 93 is obsolete

****write legibly****

	Serial #	Type (ie: pistol, shotgun, rifle, etc.)	Make / Brand	Model	Caliber / Gauge	Barrel Length
01						
02						
03						
04						
05						
06						
07						

A friendly reminder: Weapons should be secured and unloaded to prevent accidents/unauthorized use.

This permits you to keep the above listed firearm(s) in family or bachelor type quarters or in the unit arms room never introops quarters. This is not a hunting permit.

OWNER'S SIGNATURE

PMO REGISTRAR'S SIGNATURE

COMMANDER'S NAME (print)

DATE

COMMANDER'S SIGNATURE

**** E5's and below** Commander signature is required. If your spouse is registering the weapon a commander signature is still required ******