

PRIVATELY OWNED WEAPONS REGISTRATION

TO: Unit Commander/Supervisor

Date: _____

A. PERSONAL INFORMATION

1. NAME: _____ 2. GRADE: _____ 3. SSN: _____ - _____ - _____
 (please print)

4. ORGANIZATION: _____ 5. SEX: _____ 6. DOB: _____
 ADDRESS (please print)

7. UIC: _____ 8. HEIGHT: _____ 9. WEIGHT: _____ 10. RACE: _____

B. WEAPONS INFORMATION

	<u>TYPE</u>	<u>MODEL</u>	<u>SERIAL #</u>	<u>BARREL LENGTH</u>	<u>CALIBER/ GAUGE</u>	<u>MAKE/ BRAND</u>	<u>WPN STORAGE ADDRESS</u>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

C. At the present time I am not residing on the installation. Neither I nor any member of my family will introduce any privately owned weapon(s) onto the post without prior registration with my unit commander/supervisor.

(If applicable) Initials

Signature: _____

Grade: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 30, UMC, SEC 3012(g)

PRACTICAL PURPOSE: The information is used to provide unit commanders and the Military Police means of identifying personnel who have privately owned weapons and those who do not.

ROUTINE USES: Information provided is disclosable to members of the Department of Defense if needed in performance of their duty.

DISCLOSURE OF INFORMATION IS MANDATORY: Failure to provide information may result in weapon(s) not being authorized on post.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY: However, failure to provide your SSN may delay or preclude any authorization of having privately owned weapon(s) on post.

Copy 2 - Unit Commander/Supervisor

PRIVATELY OWNED WEAPONS REGISTRATION

MEMORANDUM OF UNDERSTANDING

DATE: _____

TO: UNIT COMMANDER/
SUPERVISOR

ORGANIZATION/
ACTIVITY: _____

FROM: _____
Last, First, MI.

1. I understand that all privately owned weapons that are brought on the installation must be registered with my unit commander/supervisor within five working days of assignment/employment. To accomplish this I must complete FJ Form 190-11-100 and turn it over to my unit commander/supervisor.
2. I further understand that if I sell or trade any weapon that I have registered or if I, (or any member of my family) purchase any privately owned weapon after the initial registration, I must record the information with my unit commander/supervisor within three duty days of the transaction.
3. I will comply fully with the requirements pertaining to storage and transporting privately owned weapons as they are published in AR 190-11, Fort Jackson Supplement 1 to AR 190-11, and South Carolina Gun Laws.
4. A copy of this Memorandum of Understanding will be placed in the Unit/Activity files to which I am assigned/employed until my departure from Fort Jackson.

Signature: _____

Grade: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 30, UMC, SEC 3012(g)

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Copy 1 - Unit Commander/Supervisor

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