

## FIREARMS REGISTRATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 8013; Gun Control Act of 1968 (18 U.S.C. 922(d)(9) and (g)(9) / Lautenberg Amendment); 44 U.S.C. 3101; and EO 9397.

**PRIVACY ACT - 1974:** This memo may contain information which must be protected IAW DoDD 5400.11, and it is For Official Use Only (FOUO).

**PRINCIPAL PURPOSE:** To record personal information on an individual who registers and stores his or her privately-owned firearm on an Air Force installation or facility. To maintain accountability of firearms, record when firearms are removed and returned to the facility, and determine the numbers and locations of privately-owned firearms on an installation.

**ROUTINE USES:** Information may be disclosed to local, country, state, and federal law enforcement and/or investigative authorities for investigation purposes. Social Security Numbers are used for identification and information retrieval from files.

**DISCLOSURE IS VOLUNTARY:** Failure to disclose the requested information, to include Social Security Numbers, will result in the individual not being able to register or store firearms on the installation or facility. Attempting to keep firearms that are not properly registered and stored on an Air Force installation or facility could result in confiscation of firearms, disciplinary action, or both.

NAME (Last, First, Middle):		Male	Female	Grade / Rank:	SSN:	DOB:	Security Clearance:		
Residence Street Address:			Residence City / State:		Residence Zipcode:	Phone Number:	Height:	Weight:	Race:
Organization / Unit:		Organization / Unit Phone:		Branch <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USCG			Eye Color	Hair Color	Hispanic Y / N
Organization / Unit Address:				Component: <input type="checkbox"/> Regular <input type="checkbox"/> Nat'l Guard <input type="checkbox"/> Reserves			ETS Date:		Marital Status:
				Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Former <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> National Guard (Title 32)					
Sponsor's Name (Last, First):		<input type="checkbox"/> Deceased	Sponsor's SSN:		Relationship to Sponsor:	Sponsor's Organization:			

#### Weapons Information (Space for additional weapons on back of form)

#	Serial Number	Type	Style	Make	Model	Caliber/Gauge	Color	Total Length	Barrel Length
1									
2									
3									
4									
5									

Storage Location Street Address:			Storage Location City/State		Storage Location Zipcode	<input type="checkbox"/> This is a Residence	Arms Room Unit:	
						<input type="checkbox"/> This is an Arms Room		

Initials	<b>Acknowledgements and Attachments</b>
	I have attached a signed copy of DA Form 2062, Hand Receipt for any weapons stored in an arms room.
	I have signed and attached a copy of DD Form 2760, Qualification to Possess Firearms and Ammunition.
	I have read and will comply with DD Form 2760, AFI 31-101, AFI 31-117, and supplements thereto.

Signature of Owner	Date	Typed Name, Grade/Rank or Unit Commander	Signature of Unit Commander or Designee	Date
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## Additional Weapons Information

#	Serial Number	Type	Style	Make	Model	Caliber/Gauge	Color	Total Length	Barrel Length
6									
7									
8									
9									
10									
11									
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