

Return this form to:
APG North APG Police Station (Building 2200)
Any questions can be addressed to the administration office 410-306-0539

REGISTRATION OF PRIVATELY OWNED FIREARMS AR 190-11 for basic requirements. APG Reg 190-1 for local procedures.				Date	
LAST NAME, First Name, MI			Social Security Number		State Driver's License #
Rank/Grade	DOB	Height/Weight	Eye Color	Hair/Color	
Address, City, State, Zip Code				Personal Phone	
Brigade	Battalion	Company	Unit Phone	ETS	
Serial Number	Firearm Type	Model	Make/Brand	Caliber/Gauge	
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Penalties for inaccurate or False Statements. The US Criminal Code (Title 18, Section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines up to \$10,000 and/or 5 years imprisonment, or both.					
Questions: (Required explanation for all "YES" answers. See remarks block)				YES	NO
1. Have you ever been convicted in any court of any felony offense?					
2. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?					
3. Are you a fugitive from justice?					
4. Have you ever been convicted in any court (includes non-judicial punishment received under Article 15, UMCJ) for the possession, use, or sale of marijuana, dangerous or narcotic drugs?					
Remarks:					
Certifications That My Answers Are True					
I acknowledge my responsibility for security, proper storage and use of my privately-owned firearm(s). I am the owner of the firearm(s) listed above. I have received safety training on the use and storage on the above listed firearms. My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See Section 1001 of Title 18, United States Code.)					
Signature (Sign in Ink) _____			Date _____		
Commander/Registrar					
The request for registration of the above privately owned firearm(s) has been reviewed by the Commander for accuracy and is being provided to the Directorate of Emergency Services for registration in the Consolidated Police Operations Suite (COPS) system. The privately owned firearm(s) will be stored in the (circle one):					
Unit Arms Room		Soldier's On-Post Quarters		Soldier lives off post but will transport firearms on post for authorized purposes.	
Commander's Signature (Sign in Ink) _____			Date _____		
Registrar's Signature (Sign in Ink) _____			Date _____		
Privacy Act Statement: The information you provide is covered by the Privacy Act of 1974, Title 5, U.S.C. 562a. AUTHORITY: 10 U.S.C. 3013, Department of the Army, Army Regulation 190-11 Physical Security of Arms, Ammunition and Explosives (AA&E), AR 190-14, Carrying of Firearms and Use of Force for Law Enforcement Security Duties; and E.O. 9397 (SSN). PRINCIPLE PURPOSE(S): To assist commanders in carrying out effective law enforcement, troop safety and crime prevention programs. ROUTINE USES: Information is furnished to criminal justice elements outside Department of the Defense for investigation and prosecution when such cases fall within their jurisdiction or concurrent jurisdiction is applicable. The 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. DISCLOSURE: Mandatory. Information must be provided for all personal firearms on the installation.					