



APG POLICE DEPARTMENT **DIRECTORATE OF EMERGENCY SERVICES**

6497 Springfield Street (BLDG 4403)
 ABERDEEN PROVING GROUND, MARYLAND 21005
 410-306-0539

COMPLETE ENTIRE FORM & PRINT LEGIBLY
REGISTRATION OF PRIVATELY OWNED FIREARMS
 AR190-11 for basic requirements. APG Reg.190-1 for local procedures

1.REGISTRANT's Full Name (If legal name contains an initial only, record '10' after the initial. if no middle initial or name, record "NMN")										
Last Name (including suffix, e.g.,Jr.,Sr.,II,III)				First Name			Middle Name			
2.Current State of Residency and Address (U.S postal abbreviations are accepted. Cannot be a post office box.)										
Number and Street Address				City		County		State		Zip Code
2b. Office Address				Office Phone		BLD / Unit		Organization		
3. Pay Plan; Civilian or GS;				4. Height Ft. In.	5. Weight (Lbs.)	6. Sex Male Female		7. Birth Date Month Day Year		
8. Social Security Number				9. Driver's License/State DL#		Eye Color		Hair Color		
10.a. Ethnicity (optional)			10.b Race (in addition to ethnicity, select one or more race in 10.b. and 10.b (optional).							
Hispanic or Latino			American Indian or Alaska Native		Black or African American			White		
Non-Hispanic or Latino			Asian		Native Hawaiian or Other Pacific Islander					
Telephone: Cell/Home				(Penalties for inaccurate or False Statements.) The U.S Criminal Code (Tittle 16-Section 1001) provides that knowingly falsifying or concealing a material fact is a felony with may result in fines up to \$10,000 and or 5 years of imprisonment or both.						
11. Answer the following questions by checking or "yes" or "no" in the boxes to the right of the questions.									Yes	No
a. Are you the actual owner of the firearms(s) listed on this form? if not; who is?										
b. Are you under indictment or information in any court for a felony, or any other crime for which the judge could have imprisoned you fro more than one year, even if you received a shorter sentence including probation ?										
c. Have you ever been convicted in any court of a felony, or any other crime fro which the judge could have imprisoned you fro more than one year, even if you received a shorter including probation?										
d. Are you a fugitive from justice?										
e. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.										
f. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution ?										
g. Have you been discharged from the armed forces under dishonorable conditions?										
h. Are you subject to a court restraining you from harassing, stalking , or threatening your child or an intimate partner or child of such partner?										
i. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?										
12.a Country of Citizenship (Check/list more than one applicable, Nationals of the United States may check U.S.A)										
United States of America (U.S.A)					Other Country/Countries (specify)					
12.b Have you ever renounced your United States Citizenship ?										
12.c Are you an alien illegally or unlawfully in the United States?										
12.d Are you an alien who has been admitted to the United States under a non-immigrant visa?										
13. If you are an alien, record your U.S issued Alien or Admission number (AR#,USCIS#, or 194#)										

**"FIREARM TYPE": LONG GUN(RIFLE), SHOTGUN, HANDGUN, (REVOLVER/
PISTOL) "ACTION TYPE": Bolt, Single Shot, Semi, Auto, Lever, Pump, Break,
Falling Block, Revolver**

THIS SECTION MUST BE COMPLETED						
	Manufacturer and Importer of Firearm	Model (if designated)	Serial#	Firearm Type	Action Type	Caliber or Gauge
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

CERTIFICATIONS THAT MY ANSWERS ARE TRUE

I acknowledge my responsibility for security, storage and use of my privately owned firearm(s). I am the owner of the firearms(s) listed above. I have received safety training or the use and storage of the above-listed firearm. My statements in this form, and any attachments hereto, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowing and willful false statements on this form can be punished but fine or imprisonment or both. (See Section 1001 or Title 18, united States Code.)

Signature(digital or 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 Army Law Enforcement Report Tracking System (ALERTS). The privately owned firearm(s) will be stored in the (check one):

Unit Arms Room

Soldier's On-Post Quarters

Soldier lives off post but will transport firearm(s) on post for authorized purposes

Commander's Signature (Digital or ink)

Date

Registrar's Signature (Digital or 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 of Department of Defense for investigation and prosecution when such cases fall within their jurisdiction is applicable. The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems to record notices also apply to this system. DISCLOSURE: Mandatory. Information must be provided for all personal firearms on the installation.