

FIREARM REGISTRATION WORKSHEET

Prescribing Regulation Fort McCoy Regulation 190-13, proponent Directorate of Emergency Services

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3013 Department of the Army Regulation 190-14 and E.O. 9397 (SSN), Army Regulation 190-11 and Army Regulation 190-13.

PRINCIPAL PURPOSE: To assist the commander in carrying out effective law enforcement, troop safety, and crime prevention programs.

ROUTINE USES: These records may specifically be disclosed outside the DOD as a routine use pursuant to 5 U.S. C. 552a(b)(3) as follows: Information is furnished to criminal justice elements outside the DOD for investigation and prosecution when such cases fall within their jurisdiction or concurrent jurisdiction is applicable. These include FBI, US Customs Services; Bureau of Alcohol, Tobacco and Firearms; US District Courts; US Magistrates; state and local law enforcement, wildlife conservation and public health agencies; and, in overseas areas, host government law and public health agencies; and, in overseas areas, host government law enforcement agencies.

DISCLOSURE: Mandatory. Failure to provide this information could result in the applicant not being able to register the Firearm.

Name (Last, First, Middle)

Gender	Height	Weight	Hair Color	Eye Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pay Grade or Rank	Cell Phone Number	Date of Birth	Driver's License Number and State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Military Only) Unit	(Military Only) Unit Address
<input type="text"/>	<input type="text"/>

Home Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address

FIREARM INFORMATION

Firearm Serial Number	Finish	Action Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

Caliber	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE

Army Regulation 190-11 requires that all personnel who bring a firearm onto the installation for any purpose will register it. This requirement is for the accountability of firearms brought onto the installation. This includes all firearms in your possession for any activities to include, but not limited to: hunting, trapping, fishing, target shooting/Sportsman's Range, camping, etc. Upon successful registration of the firearm(s), the Directorate of Emergency Services will issue a Firearm Registration Record to the applicant. The Firearm Registration Record, or an electronic copy of the Firearm Registration Record, must be carried by the applicant at all times when in possession of the Firearm on Fort McCoy. The firearms registration will be maintained indefinitely, unless otherwise changed by regulation or the user requests in writing it be removed from the system. **By submitting a firearms registration worksheet, you acknowledge acceptance to comply with a National Crime Information Center (NCIC-III) background check.** By signing below, I hereby affirm that I am in lawful possession of all firearms listed on this form and any additional continuation forms. I have read, understand, and agree to abide by all applicable Federal, Department of Defense, State of Wisconsin, and Fort McCoy rules and regulations pertaining to the registration, transportation, storage, and use of the firearm listed on this form. I also understand that if I fail to comply with any of these requirements, I may be subject to punishment under the Uniform Code of Military Justice or applicable federal, state, or local regulations.

Signature	Date
<input type="text"/>	<input type="text"/>

(MILITARY ONLY) UNIT COMMANDER

I, as the unit commander, hereby affirm that the above named individual is a member of the unit identified and that the address for the unit is correct.

Unit Commander Name	Unit Commander Signature
<input type="text"/>	<input type="text"/>

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