



APG POLICE DEPARTMENT
DIRECTORATE OF EMERGENCY SERVICES
BUILDING #2200, ABERDEEN BLVD.

ABERDEEN PROVING GROUND, MARYLAND 21005
 410-306-0539

COMPLETE ENTIRE FORM & PRINT LEGIBLY
 REGISTRATION OF PRIVATELY OWNED FIREARMS:

AR 190-11 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 Residence and Address (U.S. postal abbreviations are acceptable. Cannot be a post office box.)					
Number and Street Address		City	County	State	ZIP Code
2b. Office Address:		Office Phone #	Bldg. # / Unit		
EYE COLOR	HAIR COLOR	4. Height Ft. _____ In. _____	5. Weight (Lbs.) _____	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Birth Date Month _____ Day _____ Year _____
PAY PLAN; CIVILIAN OR GS;					
8. Social Security Number (Required)			9. Driver's License/State DL #	Hair Color and Eye Color	
10.a. Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic of Latino		10.b. Race (In addition to ethnicity, select one or more race in 10.b. Both 10.a. and 10.b. (optional). <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
TELEPHONE: CELL / HOME		(Penalties for Inaccurate or False Statements.) The U.S. 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.			
11. Answer the following questions by checking or marking "yes" or "no" in the boxes to the right of the questions.					Yes No
a. Are you the actual owner of the firearm(s) listed on this form? If not; who is ?					<input type="checkbox"/> <input type="checkbox"/>
b. Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year?					<input type="checkbox"/> <input type="checkbox"/>
c. Have you ever been convicted in any court of a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?					<input type="checkbox"/> <input type="checkbox"/>
d. Are you a fugitive from justice?					<input type="checkbox"/> <input type="checkbox"/>
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.					<input type="checkbox"/> <input type="checkbox"/>
f. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution?					<input type="checkbox"/> <input type="checkbox"/>
g. Have you been discharged from the armed forces under dishonorable conditions?					<input type="checkbox"/> <input type="checkbox"/>
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?					<input type="checkbox"/> <input type="checkbox"/>
i. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?					<input type="checkbox"/> <input type="checkbox"/>
12.a. Country of Citizenship (Check/list more than one if applicable. Nationals of the United States may check U.S.A.)					
<input type="checkbox"/> United States of America (U.S.A.)		<input type="checkbox"/> Other Country/Countries (specify)			
					Yes No
12.b. Have you ever renounced your United States Citizenship?					<input type="checkbox"/> <input type="checkbox"/>
12.c. Are you an alien illegally or unlawfully in the United States?					<input type="checkbox"/> <input type="checkbox"/>
12.d. Are you an alien who has been admitted to the United States under a non-immigrant visa?					<input type="checkbox"/> <input type="checkbox"/>
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.					

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 firearm(s) listed above. I have received safety training on the use and storage of the above-listed firearms. My statements on 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 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 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 (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.