

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' af	ter the initial.	if no middle initia	l or name, record "	NMN")			
Last Name (including suffix, e.g., Jr., Sr., II, III)	First N	First Name			Middle Name			
2.Current State of Residency and Address (U.S post	al abbreviations are accepte	d. Cannot be	a post office box.)					
Number and Street Address	City		County	St	ate	Zip Co	ode	
2b. Office Address	Office Phone		BLD / Ur	Unit Organizati		inization	ion	
				7 0.4 0 1				
3. Pay Plan; Civilian or GS;	4. Height	5. Weight (Lbs.)	6. Sex Male	7. Birth Date Month	Day	、	Year	
	Ft. In.	(2001)	Female	Month	Duy		cui	
	111.		remaie					
8. Social Security Number	9. Dr	river's License,	ense/State DL# Eye Color		Hair Color			
10.a. Ethnicity (optional) 10.	b Race (in addition to ethnic	city, select one	e or more race in 1	10.b. and 10.b (opt	ional).			
Hispanic or Latino Americ	Hispanic or Latino American Indian or Alaska Native Black or African American White							
Non-Hispanic or Latino Asian		Nati	ive Hawaiian or Ot	her Pacific Islande	r			
k	Penalties for inaccurate or Fa nowingly falsifying or concea ears of imprisonment or bot	aling a materia						
11. Answer the following questions by checking or "	yes" or "no" in the boxes to	the right of th	e questions.				Yes	No
a. Are you the actual owner of the firearms(s) listed	d 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	s under dishonorable condition	ons?						
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 r	nisdemeanor crime of domes	stic violence?						
12.a Country of Citizenship (Check/list more than c	one applicable, Nationals of t	he United Stat	tes may check U.S	5.A)				
United States of America (U.S.A)	Other Cou	ntry/Countries	s (specify)					
12.b Have you ever renounced your United States	Citizenship ?							
12.c Are you an alien illegally or unlawfully in the U	Inited States?							
12.d Are you an alien who has been admitted to th	e United States under a non-	-immigrant vis	sa?					
13. If you are an alien, record your U.S issued Alie	n 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.											
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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											
Co	Commander's Signature (Digital or ink) Date										
Re	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.											