

**PRIVATELY OWNED WEAPONS REGISTRATION
FOR BATAAN PARTICIPATION ONLY**

Proponent of this form is the Directorate of Emergency Services (DES), Law Enforcement Division, U.S. Army Garrison, White Sands Missile Range (WSMR), New Mexico 88002, under the provisions of WSMR Regulation 215-1.

Data required by the Privacy Act of 1974 (5) USC 552a

Authority: 10 USC 3012g

Principal Purpose: To obtain the Social Security Number (SSN) as an additional means of identification by law enforcement. Disclosure of your SSN is voluntary, but if you do not provide it, you may be prevented from registering your privately owned weapon(s) on the installation.

Routine Uses: Processing the machine record and output sequence for Centralized Operations Police Suite (COPS) and identifying subjects, suspects, or witnesses.

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL _____

DATE OF BIRTH: _____ SSN: _____ DL # _____ STATE: _____

CONTACT INFO: _____ / _____ / _____ / _____
Street Address State Zip Personal Phone Number
 Concealed Carry Permit # State _____

The weapon(s) being registered will be kept:

Unloaded and placed into a compartment of the vehicle that is inaccessible to the driver and passengers of the vehicle. Ammunition for the firearms must be transported in a compartment or area separate from the weapon. Exception: If no such inaccessible area exists such as in a pickup truck, the firearms will be unloaded and transported in the passenger compartment, out of sight, with ammunition in a separate area of the vehicle.

**I HEREBY APPLY TO REGISTER THE FOLLOWING WEAPON(S) LISTED BELOW:
WEAPON(S) INFORMATION**

#	SERIAL #	TYPE Pistol/Rifle/Shotgun	MAKE	MODEL	CAL	FINISH	BARREL LENGTH
1							
2							
3							
4							
5							

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STATEMENT OF APPLICANT

By affixing my signature to this document, I affirm that:

- I have read and understand the terms of this form.
- I will not carry any weapon in a concealed manner while on the installation.
- I will keep a copy of the registration form provided upon registration with the weapon at all times.
- I will comply with all regulations regarding the possession, storage and use of weapons on WSMR.

_____/_____
Applicant Signature Date



DIRECTORATE OF EMERGENCY SERVICES:

NCIC Check: Clear Derogatory

APPROVING DES OFFICIAL:

_____/_____/_____
(Print) Full Name Signature Date

(Print) Applicant's Last Name, First Name, Middle Initial