

**DIRECTORATE OF EMERGENCY SERVICES
FORT LEAVENWORTH, KANSAS
WEAPON REGISTRATION APPLICATION (JAN 2014)**

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

1. AUTHORITY: 10 U.S.C. Section 3012
2. PRINCIPLE PURPOSE(S): To provide the requested information to Fort Leavenworth Directorate of Emergency Services personnel who have the need to know in the performance of their official duties.
3. ROUTINE USES: To Federal, State, and local activities for use in conducting security background checks.
4. DISCLOSURE: Disclosure is Voluntary, however, if not provided, the individual will not be able to register their weapon(s).

PERSONAL INFORMATION

PURCHASE/ARRIVAL DATE: _____

NAME(LAST, First, MI): _____

GRADE/RANK: _____ **USA/USAF/USN/USMC/USCG SSN:** _____

UNIT/ORGANIZATION: _____ **DATE OF BIRTH:** _____

DRIVER'S LICENSE STATE: _____ **LICENSE #:** _____

HOME ADDRESS: _____ **HOME/CELL PHONE:** _____

CITY/STATE/ZIP CODE: _____

WEAPON INFORMATION

SERIAL #	MAKE	MODEL	TYPE (pistol, rifle, shotgun, etc.)	CALIBER	FINISH (blued/ss/wood)

I have read and understand the key provisions of 190-11 regulations which are printed on the back of this form and certify by my signature that none of the listed conditions which could prohibit me from possessing a firearm apply to me. I have also reviewed the requirements for ownership, possession, use, registration, transportation of, and weapons safety training located on the Ft Leavenworth Garrison Website (Visitor Tab / Gate Information).

Applicant Signature: _____ **Date:** _____

COMMANDERS APPROVAL

I, _____ acknowledge the requirements for registering a weapon on a military installation IAW AR 190-11, para 4-5 (Rapid Revision, 28 June 2011). I have verified proof of legal ownership of the weapon(s) to _____ and he/she has received appropriate safety training on the use and storage of the weapon(s) and is knowledgeable of Federal, State, or local laws, ordinances concerning the possession, use, and transportation of the weapon(s). I have verified that this individual is not prohibited from owning a weapon(s) IAW the Army Regulation listed above, subparagraphs (4)(a) through (4)(f).

Commanders Signature _____

Printed Name _____

Unit _____ Date _____

OFFICIAL USE ONLY: DES checks completed by _____ Date _____

Registration Process for Military and family members or civilians residing on FT LVN

All privately owned weapons stored or transported on FT LVN will be registered with the Directorate of Emergency Services (DES). Weapons must be registered within three business days of purchase or arrival to FT LVN (CAC & FT LVN 190-11). Personnel will legibly complete this form (Weapon Registration Application) and take it to their company commander. You and the commander must sign the application. Once the company commander has signed the form, proceed to the Vehicle/Weapons Registration Office located at 881 McClellan Ave to complete the registration process. **DO NOT BRING YOUR WEAPON TO THE FACILITY.** Vehicle/weapon registration is open 0730-1100, 1200-1600, Monday – Friday. Closed on weekends and Federal Holidays.

Unit Commanders must:

- Verify the Registrant legally owns the weapons he or she is registering.
- Verify that the Registrant is not disqualified from firearms ownership based on provisions listed in para 4-5.c.(4), AR 190-11.
- Verify that the Registrant has received safety training on use and storage of firearms and is knowledgeable of Army regulations, CAC & FT LVN policies, and local laws regarding possession, use and transportation of firearms.
- Sign all registration requests for Service Members assigned to their unit and their family members.

All military personnel, regardless of rank, must have the Weapons Registration Application signed by their commander, to include family members or civilians that reside on FT LVN.

DOD Civilians, Military Retirees, and Civilians may complete this form and proceed to directly to vehicle/weapons registration provided they do not live on FT LVN.

Persons Prohibited from Registering Firearms:

- Any person convicted of a felony.
- Any person convicted of a misdemeanor crime of domestic violence (Lautenberg Amendment).
- Any person who is a fugitive from justice.
- Any person who has been convicted in any court of the possession, use, or sale of marijuana, or dangerous, or narcotic drugs, to include non-judicial punishment under Article 15, UCMJ.
- Any person who is declared as mentally incompetent.

Storing / Transporting Personal Weapons (Reference; AR 190-11 and CAC & FTLVN 190-11)

For individuals residing on FT LVN weapons must be stored in either a Unit Arms Room or in family quarters if adequate security is provided. Locked gun cases and trigger locks are generally considered adequate. Weapons must be stored unloaded and all reasonable precautions will be taken to ensure weapons and ammunition are inaccessible to unauthorized persons and children. Weapons on post will be kept under double lock when not attended. One lock may be considered the quarter's entrance door and the second lock may be a locked room, closet, or cabinet, or a locked container, trigger lock, locked cable, chain, or rod through the firearm's guard or barrel.

Weapons can only be carried in a vehicle when traveling to and from authorized hunting, target practice, matches, or off post locations.

When transporting weapons, they must be secured in the vehicle's trunk or, if the vehicle doesn't have a lockable trunk, encased in such a manner that it's not readily accessible to the driver or passengers. Concealing a firearm in the glove compartment is not authorized.

Weapons must be transported unloaded and ammunition must be stored separately from the weapon.

The registration form must be readily available at all times while a weapon is located on FT LVN property.

Concealed weapon permits are not valid on FT LVN.

This form may be used as a temporary registration permit during the three business day period given to register the weapon(s).

Questions regarding this application are directed to the DES Physical Security Section, (913)-684-3600.

