

**IAW AR 190-11, PERSONNEL ARE PROHIBITED FROM CARRYING CONCEALED PRIVATELY OWNED FIREARMS ON ALL FEDERAL INSTALLATIONS.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013; 44 U.S.C., 31001; Army Regulation 190-11, Physical; Security of Arms, Ammunition and Explosives; E.O. 9397 (SSN), FAPH Regulation 190-11 and 190-13.

**PRINCIPLE PURPOSE(s):** To record personal information on an individual who registers and stores his or her privately owned weapon.

**ROUTINE USES:** To use as proof of registration and to maintain a record documenting an authorized storage location for firearms and other privately owned weapons. Routine use could include disclosure to other investigative authorities. SSN used for identification and retrieving data from files and for screening those registering weapons IAW AR 190-11, Chapter 4-5.

**DISCLOSURE:** Disclosure is voluntary; however, failure to disclose the information, to include SSN, will result in individual not being allowed to register or store firearms and other privately owned weapons on Fort A.P. Hill. Attempts to keep firearms on Fort A.P. Hill that are not properly registered and stored could result in confiscation, disciplinary action, or both.

**PERSONAL INFORMATION**

1. NAME (Printed Name) (Last, First, MI)			2. Date of Birth		
3. SSN	4. RANK/CIV	5. STATE & DRIVERS LICENSE		6. LOCATION OF WEAPON	
7. E-MAIL ADDRESS:			8. UNIT/ADDRESS		

**9. FIREARMS INFORMATION**

SERIAL #	MAKE	MODEL	TYPE WEAPON	CALIBER	FINISH

**OWNER/SPONSOR:**  
I have received a briefing from the CDR on the use and and storage of POF, knowledge of Federal, State or local laws concerning the possession, use and transportation of the POF IAW AR 190-11.

10. HOME ADDRESS (Street #, City, State, Zip Code)		
11. PHONE (Area Code & Number)	12. ALTERNATE PHONE	13. SIGNATURE OF OWNER/SPONSOR

**14. UNIT COMMANDER'S ACTION**

15. CDR's NAME (Printed Name) (Last, First, MI)	16. RANK	17. COMMANDER'S SIGNATURE
APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	

**18. WEAPONS REGISTRATION CLERKS USE ONLY (VCC or DES Police)**

19. REGISTRATION CLERK'S Printed Name	20. REGISTRATION CLERK'S SIGNATURE
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## FIREARMS REGISTRATION

(For use of this form see FAPH Regulation 190-11. The proponent of this form is Physical Security)

### INSTRUCTIONS FOR COMPLETING APH FORM 190-11R

1. All firearms brought onto the installation will be registered with the Visitor Control Center (VCC) IAW AR 190-11 and FAPH Reg 190-11. (Note: Firearms will not be transported inside the registration building.)
2. All Soldiers are required to have their unit commander complete and sign the unit commander's portion of the form. Officers in pay grade O-3 and above, Enlisted personnel in pay grade E-8 and above, retired military personnel, and civilian personnel may self approve this form by signing block 11, of page one. Authorized dependents will require sponsor's signature and commander approval.
3. Completed forms will be shredded after Registered.
4. Registration may be completed by:

- A. Manually - Complete form and hand carry to Visitor Control Center (VCC).
- B. Automated - digitally sign and e-mail completed form to:

usarmy.aphill.imcom-atlantic.mbx.installation-access@mail.mil

(Once completed, owner will receive registration via return e-mail.) (E-mail must be encrypted when sent)

It is strongly recommended that you email the weapons registration form to the VCC ahead of your planned arrival date. Expect a two day wait before the weapons registration form and screening is completed, so please plan accordingly. Be advised that due to increased military training related processing by the VCC on Fridays, showing up at the VCC on Fridays past 1200 hours may result in the VCC being unable to complete your "in person" request for a background check and/or weapons registration prior to the closing time of 1600 hours. The VCC is not open in the evening hours will be open to process access requests.

#### Information required by each block on form.

1. NAME
2. DATE OF BIRTH
3. SSN
4. RANK/CIVILIAN
5. STATE AND DRIVERS LICENSE
6. LOCATION OF WEAPON (ON POST OR OFF POST)
7. EMAIL ADDRESS
8. UNIT/ADDRESS
9. FIREARMS INFORMATION SECTION (LIST OF FIREARMS TO BE REGISTERED)
10. HOME ADDRESS
11. PHONE NUMBER
12. ALTERNATE PHONE NUMBER
13. DIGITAL SIGNATURE OR MANUAL SIGNATURE OF FIREARM OWNER/SPONSOR
14. COMMANDER'S ACTION SECTION (IF APPLICABLE)
15. COMMANDER'S NAME (IF APPLICABLE)
16. COMMANDER'S RANK (IF APPLICABLE)
17. COMMANDER'S SIGNATURE (IF APPLICABLE)
18. WEAPONS REGISTRATION CLERK USE ONLY SECTION
19. INITIAL REGISTRATION CLERK'S SIGNATURE
20. FINAL REGISTRATION CLERK'S SIGNATURE

FOR QUESTIONS AND CONCERNS IN FILLING OUT THIS FORM CALL THE POC AT 804-633-8585.

# FORT A.P. HILL WEAPONS REGISTRATION AGREEMENT

## FORT A.P. HILL PHYSICAL SECURITY

I understand that IAW AR 190-11 Chapter 4-5, if I am registering my privately owned weapon(s) on Fort A.P. Hill, VA that I am agreeing to having a criminal background check and screening conducted to see if I am eligible to possess a weapon on the installation. I also understand that if I have been convicted of one of the following that I will not be able to bring or register my weapon on Fort A.P. Hill.

EXERPT from Army Regulation 190-11:

(4) The registration of privately owned firearms by person(s) described below is prohibited--

(a) Any person convicted of a felony (The federal Gun Control Act of 1968, as amended in 1996)

(b) Any person convicted in any court of a misdemeanor crime of domestic violence or felony (The Lautenberg Amendment to Federal Gun Control Act of 1968, as amended in 1996). The Amendment--

1. Makes it a felony for any person to sell or otherwise dispose of firearms or ammunition to any person he or she knows or has reasonable cause to believe has been convicted of a misdemeanor crime of domestic violence.

2. Prohibits anyone who has been convicted of a misdemeanor crime of domestic violence from shipping or transporting in interstate or foreign commerce, or possessing in or affecting commerce, any firearm or ammunition; or receiving any firearms or ammunition which has been shipped or transported in interstate or foreign commerce.

(c) Any person who is a fugitive from justice.

(d) Any person who has been convicted includes of the possession, use or sale of marijuana, dangerous or narcotic drugs (the term convicted includes nonjudicial punishment under Article 1 uniform Code of Military Justice).

(e) Any person who is presently declared as mentally incompetent or who is presently committed to any mental institution

(f) Any civilian or family member under the age of 18 is prohibited from the use of firearms, unless accompanied and supervised by a parent or legal guardian over the age of 18.

I have read the above statement and realize that by signing below that I am willing to submit to a criminal history check on my self to determine my eligibility. I also understand that failure to do so will result in me not being able to register my weapon on this installation.

The carrying of a concealed weapon on the installation is prohibited regardless of whether a state or county permit has been obtained.

For this purpose of this regulation, a concealed weapon is any instrument used or designed for the purpose of inflicting grievous bodily harm that is carried on the person in such a way to be hidden from ordinary view.

Transportation of privately owned firearms and ammunition on Army installations:

(1) Privately owned firearms will be transported in vehicles only while traveling in a direct route to and from hunting areas, dog training areas, target ranges, or other locations authorized by the SC. No stops are authorized.

(2) The carrying of a loaded firearm in a vehicle is prohibited.

(3) Privately owned firearms carried in a vehicle will be secured in the trunk. For vehicles without a trunk, firearms will be encased in a container other than the glove compartment and carried in such a manner that they will not be readily available to the driver or passengers. Commercially available trigger locks and other security devices are strongly recommended to deter and prevent loss and theft.

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"By checking the box below and typing your name into the Electronic Signature box, you are confirming that you have read and understand the application, and submit to a criminal background check and weapons screening IAW the exerpt above?"

YES      NO

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_