## **FIREARMS REGISTRATION**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 8013; Gun Control Act of 1968 (18 U.S.C. 922(d)(9) and (g)(9)/Lautenberg Amendment); 44 U.S.C. 3101; and EO 9397. **PRIVACY ACT - 1974** as Amended applies: This memo may contain information which must be protected IAW DoDD 5400.11, and it is For Official Use Only (FOUO).

**PRINCIPAL PURPOSE:** To record personal information on an individual who registers and stores his or her privately-owned firearm on an Air Force installation or facility. To maintain accountability of firearms, recorded when firearms are removed and returned to the facility, and determine the numbers and location of privately-owned firearms on an installation.

**ROUTINE USES:** Information may be disclosed to local, county, state and federal law enforcement/investigative authorities for investigation purpose. SSN used for identification and retrieving from files.

**DISCLOSURE IS VOLUNTARY:** Failure to disclose the information to include SSN will result in the individual not being able to register or store firearms on the installation or facility. Attempt to keep firearms on base that are not properly registered and stored could result in confiscation of the firearms, disciplinary action, or both.

| discip                                       | linary action, or bo          |                     | moop moanne      | GRADE/RANK                | SSN  |                   |  | DRGANIZATION                      | DUTY I                    |      | E     |  |
|--|-------------------------------|---------------------|------------------|---------------------------|--|-------------------|--|-----------------------------------|---------------------------|------|-------|--|
| FIRE-  | RM (Diffe Chateurs (Market OR |                     |                  | SERIAL<br>NUMBER          | RECEIPT FOR FIREARMS NOT RETAINED BY OWNER |                   |  |                                   |                           |      |       |  |
| NO.  | etc.)                         | (Manarataro)        | GAUGE            |                           |  | DATE RECEIVED S   |  |                                   | SIGNATURE OF SUPPLY CLERK |      |       |  |
| 1  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
| 2  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
| 3  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
| 4  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
| 5  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
| HAVE   |                               | L<br>CTED OF A DOME | STIC VIOLEN      | I<br>ICE CRIME IN VIOI    | LATION C                                   | F THE GU          | JN CONTROL AC                              | <u>I</u><br>T/LAUTENBERG AMENDM   | IENT? YE                  | s    | NO    |  |
| DID YO                                       | OU RECEIVE THE C              | GUN CONTROL AC      | CT AND LAUT      | ENBERG AMENDA             | IENT BRI                                   | EFING?            |  |                                   | YE                        | S    | NO    |  |
|  | R, ATTACH A COP               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
|  | READ AND WILL COM             |                     | , AFI 31-207 ANI |                           |  |                   |  |                                   |                           |      |       |  |
| SIGNA  | TURE OF OWNER                 |                     |                  | DATE:                     | STOR                                       | AGE LOC           | ATION/ADDRESS                              |                                   |                           |      |       |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
| R  | ETAIN POSSESSIO               | ON OF ABOVE FIR     | REARM (S):       |                           | •  |                   |  |                                   |                           |      |       |  |
| S  | TORE FIREARM (S               | ) IN:               |                  |                           |  |                   | AN   | ID WITHDRAW SAME:                 |                           |      |       |  |
| Т  | EMPORARILY STO                | RE IN:              |                  |                           |  |                   | PE   | NDING DISPOSITION:                |                           |      |       |  |
| WAS T  | HE ANNUAL GUN (               | ONTROL ACT OF       | 1968/LAUTEN      | NBERG AMENDME             | NT BRIEF                                   | ED TO FIF         | REARM OWNER B                              | Y UNIT COMMANDER?                 | YES                       |      | NO    |  |
| TYPE   | NAME, GRADE AN                | D RANK OF UNIT      | COMMANDE         | R OR DESIGNEE             | OR DESIGNEE SIGNATU                        |                   |  | URE OF UNIT COMMANDER OR DESIGNEE |                           |      | DATE: |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
| TYPE NAME, GRADE AND RANK OF STORING UNIT CO |                               |                     |                  | MMANDER OR DESIGNEE SIGNA |  |                   | TURE OF STORING UNIT COMMANDER OR DESIGNEE |                                   |                           |      | DATE: |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
|  |                               | RECOF               | RD OF TEMP       | ORARY WITHDR              | RAWALS                                     | BY OWN            | ER AND RETUR                               | RN TO STORAGE                     |                           |      |       |  |
| FIRE-  |                               | Y WITHDRAWALS       | WITHDRAWALS      |                           |  | RETURN TO STORAGE |  |                                   |                           |      |       |  |
| ARM<br>NO.                                   | MAKE<br>(Manufacture)         | DATE                |                  | SIGNATURE OF O            | WNER                                       |                   | DATE                                       | SIGNATURE OF DES                  | SIGNATED C                | USTO | DIAN  |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
|  |                               |                     |                  |                           |  |                   |  |                                   |                           |      |       |  |
|  |                               |                     | 1                |                           |  |                   |  | 1                                 |                           |      |       |  |