

**FORT CAVAZOS FIREARMS REGISTRATION REQUEST (For use
of this form see Fort Cavazos Regulation 190-11)**

**THE TEXAS CONCEALED HANDGUN LAW DOES NOT APPLY ON FORT CAVAZOS.
CONCEALED HANDGUNS ARE PROHIBITED ON FORT CAVAZOS**

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.

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

ROUTINE USES: To use request 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.

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 Cavazos.

PERSONAL INFORMATION

1. Name (Printed Name) (Last, First, MI)		2. SSN (Enter Full SSN)
3. Rank/CIV/Retired	4. Fort Cavazos Unit/Activity/Contractor Company Name	
		5. Weapon Storage Location
6.State & Drivers License #	7. Date of Birth	8. Commanders email

9. FIREARMS INFORMATION (Only list firearms that were not previously registered on another installation)

SERIAL #	TYPE	MAKE	MODEL	CALIBER	FINISH

Do You Have Weapons Not Listed On This Form That Were Previously Registered on FT Cavazos or another Installation?	If Yes, What Installation?	Do You Intend To Have Previous Registered Weapons, Registered at Fort Cavazos?
YES NO		YES NO

OWNER/SPONSOR: I certify by signing block 13, that I understand- Firearms will be stored, transported and carried pursuant to FC Reg 190-11. Firearms will not be stored in troop billets.- Firearms will not be concealed.- Registration will be carried with the firearm whenever it is transported on FT Cavazos.- Registration is not transferable.- I will notify the DES or the Visitor Control Center upon ETS, PCS, sell or transfer.

10. Home Address (Street #, City, State, Zip Code)		
11. Phone (Area Code & Number)	12. Email	13. Signature of Owner/Sponsor

14. UNIT COMMANDER'S ACTION

15. Commander's Name (Last, First, MI)	16. Rank	17. Phone (Area Code & Number)
I certify by signing block 18, the registrant has made me aware of any and all firearms Not listed on this form that were previously registered and are being transfered to Fort Cavazos. I have attached a copy of my assumption of command.		18. Signature of Approving Commander

19. WEAPONS REGISTRATION CLERKS USE ONLY

20. Registration Clerk (Last, First, MI)	21. Registration Clerk Signature
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FORT CAVAZOS FIREARMS REGISTRATION REQUEST

INSTRUCTIONS FOR COMPLETING FORT CAVAZOS FORM 190-19

1. All firearms must be registered with the DES, Visitor Control Center (VCC) pursuant to AR 190-11 and Fort Cavazos Reg 190-11 prior to being brought onto the installation (Note: Firearms will not be transported inside the registration building).
2. Soldiers are required to have their unit commander complete and sign the unit commander's portion of this form. Retired military personnel, and civilian personnel do not require commander's approval and may self approve this form by signing block 13. Authorized dependents will require sponsor's signature and commander's approval.
3. Registration may be completed by:
 - a. Manual - Complete form, attach commanders assumption of command and hand carry to the Marvin Leath Visitor Center building 69012, from 0500-2100. For temporary registration after hours, use the Main Gate (TJ Mills Gate) or DES building 23020 (MP DESK).
 - b. Automated - digitally sign and send email with the completed form and commanders assumption of command to: usarmy.cavazos.id-readiness.list.des-visitor-welcome-center@army.mil. Once completed, owner will receive registration via return e-mail.

INFORMATION REQUIRED BY-BLOCK ON FORM

1. NAME OF FIREARM OWNER.
2. SSN (ENTER FULL SSN).
3. RANK/CIVILIAN/RETIRED
4. FORT CAVAZOS UNIT/ACTIVITY/CONTRACTOR COMPANY NAME
5. WEAPON STORAGE LOCATION
6. STATE & DRIVERS LICENSE NUMBER
7. DATE OF BIRTH.
8. COMMANDERS EMAIL ADDRESS.
9. FIREARMS INFORMATION SECTION (LIST OF FIREARMS TO BE REGISTERED).
- 10.HOME ADDRESS.
- 11.PHONE NUMBER.
- 12.EMAIL.
- 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 PHONE NUMBER (IF APPLICABLE).
- 18.DIGITAL SIGNATURE OR MANUAL SIGNATURE OF COMMANDER (IF APPLICABLE).
- 19.WEAPONS REGISTRATION CLERK USE ONLY SECTION.
- 20.REGISTRATION CLERK'S NAME.
- 21.REGISTRATION CLERK'S SIGNATURE.

FOR QUESTIONS AND CONCERNS FILLING OUT THIS FORM CALL (254) 287-9909.