

**PRIVATELY OWNED WEAPONS REGISTRATION
MEMORANDUM OF UNDERSTANDING**

TO: COMMANDER / DIRECTOR / SUPERVISOR
UNIT / ACTIVITY: _____

DATE: _____

1. I understand that all privately owned weapons that are brought on Fort Jackson must be registered IAW AR 190-11. To accomplish this I must complete FJ FORM 190-11-100 and register all weapons brought on Fort Jackson at the MP STATION, Building 5499, Jackson Boulevard. I will receive a print-out of all weapons registered, and must have the print-out with me at any time I am transporting Privately Owned Weapons on Fort Jackson.
2. I further understand that if I sell or trade any weapon that I have **registered** or if I, (or any member of my family) purchase any privately owned weapon after the initial registration, I must update this information with the Directorate of Emergency Services MP STATION within three duty days of the transaction.
3. I will comply fully with all requirements pertaining to storing and transporting privately owned weapons as they are published in AR 190-11, Fort Jackson Supplement 1 to AR 190-11, and South Carolina Gun Laws.
 - a. If residing on Fort Jackson (NOT IN BARRACKS), I must store Privately Owned Weapons unloaded, and ammunition must be separated from weapons in a locked container. Weapons must be secured either by using a trigger locking device, by storing the firearm in a locked container, by removing the firing pin for the firearm and storing the firing pin in a locked container or by disassembling the firearm and storing the disassembled parts in separate places.

The keys to all locked containers and locking devices will be stored in a place not accessible to persons under 18 years of age.
 - b. To transport Privately Owned Weapons on Fort Jackson, all weapons will be unloaded and the ammunition will be secured in a container separate from the weapon. Pistols must be secured in a closed glove box, console, or trunk compartment, or, if the vehicle does not have a trunk type compartment, it will be stored in a separate locked container (e.g., gun case), or in a locked gun rack, located in the rear of the vehicle where the driver does not have immediate access to the weapon.
4. I understand that Concealed Weapons ARE NOT ALLOWED on Fort Jackson except for Law Enforcement Officers on OFFICIAL DUTY.
5. If I reside OFF-POST, AND I will not bring any Privately Owned Weapons on Fort Jackson, I understand that I am not required to register any of my Privately Owned Weapons, but still must know what is required to bring weapons on post.
6. A copy of this Memorandum of Understanding will be placed in the Unit / Activity files to which I am assigned / employed until my departure from Fort Jackson.

Signature: _____

Printed Name (Last, First MI): _____

****At the present time I am not residing on the installation. Neither I nor any member of my family will introduce any privately owned weapon(s) onto the post without prior registration with the MP STATION.****

Initials (If applicable)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 30, UMC, SEC 3012(g) also, Army Regulation AR 190-11, Arms Ammunition and Explosives.

PRACTICAL PURPOSE: The information is used to provide commanders, supervisors and the Military Police a means of identifying personnel who have privately owned weapons on Fort Jackson.

ROUTINE USES: Information provided is disclosable to members of the Department of Defense if needed in performance of their official duty.

DISCLOSURE OF INFORMATION IS MANDATORY: Failure to provide information will result in weapon(s) not being authorized on post.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY: However, failure to provide your SSN will delay or prevent authorities from being able to properly identify the registered owner of any privately owned weapon and will preclude you from being able to bring privately owned weapons on this Federal Military Reservation.

PRIVATELY OWNED WEAPONS REGISTRATION

TO: COMMANDER / DIRECTOR / SUPERVISOR

DATE: _____

A. PERSONAL INFORMATION

1. NAME _____ 2. GRADE _____ 3. SSN: _____
4. ORGANIZATION: _____ 5. SEX _____ 6. DOB _____
ADDRESS _____
7. HEIGHT _____ 8. WEIGHT _____ 9. PHONE _____
10. ADDRESS _____ 11. CITY _____ 12. STATE _____ 13. ZIP _____

B. WEAPON INFORMATION

	TYPE	MODEL	SERIAL #	BARREL LENGTH	CALIBER/ GAUGE	MAKE / BRAND
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
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