CASCOM & FORT LEE REG 190-2
WEAPON REGISTRATION

DATE:_____

PERSONAL INFORMATION

NAME:_____ RANK: _____

SSN: _____DOB:_____

SEX: _____RACE:_____HEIGHT:_____

WEIGHT:_____EYE COLOR:_____HAIR COLOR:_____

MARITAL STATUS:_____

UNIT:_____WORK PHONE#:_____

RESIDENCE ADDRESS:_____

_____

HOME PHONE#:_____

WEAPON INFORMATION

WEAPON TYPE: Pistol, Rifle, Shotgun, etc.

TYPE:_____ WEAPON STORAGE:_____

MODEL:_____ CALIBER:_____

SERIAL#:_____ BARREL LENGTH:_____

OVERALL LENGTH:_____ MAKE:_____

FINISH:_____

REGISTRATION OFFICE:_____RANK:_____

COMMANDER'S SIGNATURE:_____RANK:_____
(Print & Sign)