Picatinny Weapon Registration Form

Registration Number: _____ Date: _____ SSN: _____
Name: _____ Grade: _____ Rank: _____
DOB: _____ Race: _____ Sex: _____ Height: _____ Weight: _____
Eye color: _____ Hair: _____ Phone: _____ Work: _____
Organization: _____
Address: _____ City: _____
State: _____ Zip: _____

Weapon/Paintball Marker Information

TYPE	MAKE	MODEL	CALIBER	FINISH	SERIAL NO.		LENGTH OVERALL	BARREL

Complete this form and return it to the Police Desk building 173 (Basement). After the information is placed into the computer, you will receive a weapons permit. This permit will list all the weapons you are allowed to bring onto Picatinny. This permit will be with you for verification that you are authorized to bring that weapon onto Picatinny Arsenal. No other form will be accepted.