

**APPLICATION FOR AUTHORITY TO PURCHASE A HANDGUN**

For use of this form, see XVIII Airborne Corps and Fort Bragg Reg 190-12; the proponent agency is PMO.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 5, U.S.C. Section 301.  
**PRINCIPAL PURPOSE:** To provide information on individuals requesting authority to purchase a handgun.  
**ROUTINE USES:** Military Police records check.  
**DISCLOSURE:** Voluntary. However, authority to purchase a handgun will be withheld from individuals who do not provide information.

**SECTION A - INSTRUCTIONS** *(Applies to all applicants)*

Applicant will complete Sections B, C, and D, then bring to the Police Records Bureau, Provost Marshal Office (PMO). PMO will complete Section E. If no derogatory information is found, take directly to the Sheriff's Office in your county of residence. If derogatory information is found and annotated, take to your company commander for completion of Section F, then to the Sheriff's Office in your county of residence.

**You must register any firearm you store on post (e.g., in quarters or a unit arms room) at a Vehicle/Weapons Registration Center.**

**SECTION B - APPLICANT INFORMATION** *(Must be completed by all applicants)*

Last Name			First Name			MI	Rank	SSN
DATE OF BIRTH			PLACE OF BIRTH					
Day	Month	Year	City		County		State	

**SECTION C - STORAGE LOCATION OF HANDGUN** *(Must be completed by all applicants)*

Unit Arms Room     
  On-Post Quarters     
  Off-Post Residence     
  Other (Specify) \_\_\_\_\_

**SECTION D - APPLICANT CERTIFICATION** *(Must be completed by all applicants)*

**I understand that this authorization (if granted) does not give me the right to carry a weapon in violation of North Carolina General Statute 14-169 or military regulations. I am not a fugitive from justice. I never have been convicted of an offense punishable by one year or more confinement, nor am I under indictment for such an offense. I do not have a conviction under the Lautenberg Amendment.**

Signature of Applicant	Date
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**SECTION E - PROVOST MARSHAL ACTION**

*(Must be completed for all*

**Derogatory Information Found**

Yes, as detailed below *(Complete offense information below)*  
 No *(Skip to Section G)*

MPR Number	Offense	Date
<input type="checkbox"/> <i>Continued on reverse if checked</i>		

Date of Criminal History Check	Signature	PMO Stamp
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**SECTION F - COMPANY COMMANDER'S ACKNOWLEDGEMENT OF NOTIFICATION**

*(Complete only for handgun applicants with derogatory information listed in Section E above.)*

Signature	Phone
Signature	Date

**SECTION G - SHERIFF'S OFFICE ACTION**

*This form must be presented within 5 days of date of PMO processing to the Sheriff's Office in your county of residence for all handgun purchase applicants.*