



DEPARTMENT OF THE ARMY
ARMY NATIONAL GUARD MANEUVER TRAINING CENTER
1484 ARMISTEAD AVENUE
FORT PICKETT, BLACKSTONE, VIRGINIA 23824

PERSONAL WEAPONS REGISTRATION FORM

(This form must be carried by weapon owner at all times when brought on Fort Pickett)

NAME: _____ DATE: _____

DOB: _____ STREET ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

Home Phone (Cell): _____ Work Phone: _____

Driver's License Number: _____

State Your Business At Fort Pickett: _____

Unit Organization: _____

Supervisor: _____ Telephone Number: _____

Weapon Owners Signature: _____

(Your signature authorizes the Post CDR to conduct NCIC & VCIN checks to ensure you are in compliance with State, Federal and Local Laws.)
(all weapons must be secured inside a locked vehicle and be in a locked container i.e. glovebox, console, trunk at all times.)

NCIC Checked: _____ VCIN Checked: _____

Dis/Approved: _____

(Chief DPTS or appointed Duty Officer)