

PRIVACY ACT NOTICE

SECTION I – ORGANIZATION INFORMATION

| | | |
|-----------------------|----------|-----------|
| 1. Organization Name: | 2. City: | 3. State: |
|-----------------------|----------|-----------|

SECTION II – NOTICE

The Army Donations Program office uses information that may be personal in nature to qualify civilian organizations to receive United States Army property. This personal information may include but is not limited to: name, social security number, driver's license number, taxpayer identification number, private telephone number (cell or home), private fax number, e-mail address, home address, fingerprints, etc.

The disclosure of personal information is voluntary. Your organization may choose to provide public information such as your building address, telephone number, fax number, etc. in lieu of personal information with respect to qualifying or retaining government property. In the event your organization decides to use personal information, each individual providing such data is required to complete one of these forms. The individual should fill in the blanks at the bottom of this document, sign the form, and return it to this office for placement in your file.

Personal information will only be used with respect to donation program requirements. Personal information will not be disclosed, discussed, or shared with other individuals unless they are directly involved in the donations process and have a direct need-to-know. Any personal information that is provided will be safeguarded and protected to the best of our ability.

SECTION III – ACKNOWLEDGEMENT

I hereby request and authorize the donations office to collect, maintain, store, disseminate, and use Personally Identifiable Information (PII) with respect to qualifying the undersigned organization to receive and/or retain United States Army property.

| | | | |
|--|----------|---------------------|--------------|
| 1. Signature: | | 2. Date: | |
| 3. Printed Name of Person Signing (First, Middle Initial, Last): | | 4. Title of Signer: | |
| 5. Street Address: | 6. City: | 7. State: | 8. Zip Code: |

CEREMONIAL RIFLE/STATIC DISPLAY QUESTIONNAIRE

| SECTION I - ORGANIZATION INFORMATION |
|---|
| Name: |
| Address: |
| City: |
| State: |
| Zip Code: |
| Telephone Number: |
| Fax Number: |
| Email Address: |
| SECTION II - ORGANIZATION REPRESENTATIVE INFORMATION <i>(If different than above)</i> |
| Name: |
| Title: |
| Mailing Address: |
| City: |
| State: |
| Zip Code: |
| Telephone Number: |
| Fax Number: |
| Email Address: |
| SECTION III - CEREMONIAL RIFLE INFORMATION |
| Number of Rifles Currently on hand: |
| Number of Active Members: |
| Number of Honor Guard Members: |
| SECTION IV - STATIC DISPLAY INFORMATION |
| Equipment Type: |
| Equipment Model: |
| Serial Number: |
| Display Site Location: |
| City: |
| State: |
| Zip Code: |

Mail to: US Army TACOM LCMC, ATTN: AMSTA-LCL-IWD, M/S 419D, 6501 East 11 Mile Road, Warren, MI 48397-5000

ADPO Questionnaire, January 2015

CEREMONIAL RIFLE INVENTORY FORM

SECTION I – ORGANIZATION INFORMATION

| | | |
|-----------------------|----------|-----------|
| 1. Organization Name: | 2. City: | 3. State: |
|-----------------------|----------|-----------|

SECTION II – STATUS OF US ARMY OWNED CEREMONIAL RIFLES ISSUED TO ORGANIZATION

In accordance with the Conditional Deed of Gift(s), AR 700-131 and Title 10 USC §4683, I hereby certify that the following United States Army owned rifles conditionally issued for ceremonial use to the above organization are:

- still required and used in the manner agreed upon in the original statement.
- require replacement (place an asterisk (*) next to every rifle that requires replacement).
- no longer required. Request the ceremonial rifle team provide disposition instructions to return ceremonial rifles.
- Our organization does not have any ceremonial rifles on hand.

SECTION III – RIFLE LISTING

| | | | |
|-----|--------|---------------|----------------|
| 1. | Model: | Manufacturer: | Serial Number: |
| 2. | Model: | Manufacturer: | Serial Number: |
| 3. | Model: | Manufacturer: | Serial Number: |
| 4. | Model: | Manufacturer: | Serial Number: |
| 5. | Model: | Manufacturer: | Serial Number: |
| 6. | Model: | Manufacturer: | Serial Number: |
| 7. | Model: | Manufacturer: | Serial Number: |
| 8. | Model: | Manufacturer: | Serial Number: |
| 9. | Model: | Manufacturer: | Serial Number: |
| 10. | Model: | Manufacturer: | Serial Number: |
| 11. | Model: | Manufacturer: | Serial Number: |
| 12. | Model: | Manufacturer: | Serial Number: |

CEREMONIAL RIFLE INVENTORY FORM

SECTION III – RIFLE LISTING (CONTINUED)

| | | | |
|-----|--------|---------------|----------------|
| 13. | Model: | Manufacturer: | Serial Number: |
| 14. | Model: | Manufacturer: | Serial Number: |
| 15. | Model: | Manufacturer: | Serial Number: |
| 16. | Model: | Manufacturer: | Serial Number: |
| 17. | Model: | Manufacturer: | Serial Number: |
| 18. | Model: | Manufacturer: | Serial Number: |
| 19. | Model: | Manufacturer: | Serial Number: |
| 20. | Model: | Manufacturer: | Serial Number: |

If you have additional weapons, list them on a separate piece of paper and attach to this form.

SECTION IV – ACKNOWLEDGEMENT

By signing below, I hereby certify that to the best of my knowledge and belief that a 100% inventory of all Ceremonial Rifles in our possession was performed and that the rifles listed above (and on attachments) are the only rifles in the possession of this organization at this time and that all of my statements are true, correct, complete and made in good faith. I understand and acknowledge that concealing material fact and/or making a false statement is a violation of Title 18 USC §1001 and may result in the cancellation of the Conditional Deed for any US Army property on loan to my organization and is punishable by fine or imprisonment. Furthermore, if any additional rifles are located we will notify the US Army within 30 days of their discovery.

| | |
|--|--------------------------------|
| 1. Signature of Highest Ranking Official: | 2. Date Signed: |
| 3. Printed Name of Person Signing (First, Middle Initial, Last): | |
| 4. Organization Telephone Number: | 5. Organization Email Address: |

SECTION V – NOTARY ENDORSEMENT

| | |
|-------------------------------|-----------------------|
| 1. Official Notary Signature: | 2. Notary Seal/Stamp: |
|-------------------------------|-----------------------|

ANNUAL CERTIFICATION OF ARMY STATIC DISPLAY EQUIPMENT

SECTION I – ORGANIZATION INFORMATION

| | | |
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| 1. Organization Name: | 2. City: | 3. State: |
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SECTION II – EQUIPMENT INFORMATION

In accordance with the Conditional Deed of Gift for:

| | |
|----------------------------|---------------------------|
| 1. _____ Equipment Type | 2. _____ Serial Number |
|----------------------------|---------------------------|

Under the terms of Public Law 10 USC §2572, I certify that the aforementioned equipment:

(Check Only One)

- is still required, displayed and maintained in a clean and safe condition, so its appearance reflects favorably on the military.
- is in poor condition. Restoration to upgrade the appearance of the item will begin _____ and is expected to be completed _____.
- no longer required. Please send disposition instructions.

A CURRENT COLOR PICTURE is required. Include and submit no later than agreed upon annual date.

SECTION III – REMARKS

Remarks: _____

SECTION IV – ACKNOWLEDGEMENT

I hereby certify that to the best of my knowledge and belief that all statements above are true, correct, complete and made in good faith. I understand and acknowledge that concealing material fact and/or making a false statement is a violation of Title 18 USC§1001 and may result in the cancellation of the Conditional Deed for any US Army property on loan to my organization and is punishable by fine or imprisonment.

| | |
|--|--------------------------------|
| 1. Signature of Highest Ranking Official: | 2. Date Signed: |
| 3. Printed Name of Person Signing (First, Middle Initial, Last): | |
| 4. Organization Telephone Number: | 5. Organization Email Address: |

SECTION V – NOTARY ENDORCEMENT

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| 1. Official Notary Signature: | 2. Notary Seal/Stamp: |
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Mail to: US ARMY TACOM LCMC, ATTN: AMSTA-LCL-IWD, M/S 419D, 6501 East 11 Mile Road, Warren, MI 48397-5000

ADPO S-1, January 2015