

# WITHDRAWAL/REINSTATEMENT OF AUTHORITY TO BEAR FIREARMS

## PRIVACY ACT STATEMENT

Authority: Title 10 United States Code (U.S.C.) 8013, Secretary of the Air Force; AFI 31-117, and EO 9397 (SSN), as amended.  
 Purpose: Information is collected to document permanent withdrawal or reinstatement of the authority to bear firearms.  
 Routine Use: Information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply.  
 Disclosures: Voluntary. Not providing SSN may cause the form to not be processed or to positively identify the person whose firearms authorization is being withdrawn or reinstated.  
 System of Records Notice: *F036 AF PC C Military Personnel Records System*

TO: (Military or civilian personnel office)	FROM: (Office symbol of firearm authorization authority)
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I. IDENTIFICATION DATA		
1. NAME (Last, First, Middle Initial)	2. GRADE (Mil or civ)	3. SSAN
4. DUTY AFSC (For civilian personnel, give duty position)	5. MAJCOM/SOA	6. UNIT OF ASSIGNMENT

II. WITHDRAWAL/REINSTATEMENT ACTION		
7. <input type="checkbox"/> AUTHORITY TO BEAR FIREARMS IS WITHDRAWN FOR <input type="checkbox"/> 45 DAYS <input type="checkbox"/> INDEFINITELY EFFECTIVE DATES OF WITHDRAWAL		8. <input type="checkbox"/> AUTHORITY TO BEAR FIREARMS IS REINSTATED
FROM (Year, month, day)	THROUGH (Year, month, day)	EFFECTIVE DATE OF REINSTATEMENT

9. BRIEF SYNOPSIS OF CIRCUMSTANCES WHICH CAUSED WITHDRAWAL/REINSTATEMENT ACTION *(Written statement, medical reports, etc., may be attached as summary data)*

10. DATE	11. TYPED NAME & GRADE OF FIREARM AUTHORIZATION AUTHORITY	12. SIGNATURE
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13. I ACKNOWLEDGE MY AUTHORITY TO BEAR FIREARMS IS <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REINSTATED	
DATE	SIGNATURE OF INDIVIDUAL

14. CHECK ONE  WING COMMANDER/EQUIVALENT AUTHORITY REVIEW OF INDEFINITE WITHDRAWAL ACTION TO BEAR FIREARMS  
 HIGHER AUTHORITY REVIEW OF REQUEST FOR WAIVER ACTION TO BEAR FIREARMS

14A. WING COMMANDER/EQUIVALENT AUTHORITY REVIEW OF INDEFINITE WITHDRAWAL ACTION AND REQUEST FOR WAIVER TO BEAR FIREARMS FOR CASES OTHER THAN SUBSTANCE ABUSE *(If withdrawal action is revoked, authority to bear firearms is reinstated)*

WITHDRAW  REINSTATE

DATE	TYPED NAME, GRADE, & ORGANIZATION OF COMMANDER	SIGNATURE
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14B. MAJOR COMMANDER/EQUIVALENT AUTHORITY REVIEW OF REQUEST FOR WAIVER OF INDEFINITE WITHDRAWAL ACTION TO BEAR FIREARMS FOR ALCOHOL ABUSE/ALCOHOLIC CASES *(If withdrawal action is revoked, authority to bear firearms is reinstated)*

WITHDRAW  REINSTATE

DATE	TYPED NAME, GRADE, & ORGANIZATION OF COMMANDER	SIGNATURE
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14C. HO USAF/SOA FUNCTIONAL MANAGER REVIEW OF REQUEST FOR WAIVER OF INDEFINITE WITHDRAWAL ACTION TO BEAR FIREARMS FOR DRUG USE/ADDICT/SUPPLIER CASES *(If withdrawal action is revoked, authority to bear firearms is reinstated)*

WITHDRAW  REINSTATE

DATE	TYPED NAME, GRADE, & ORGANIZATION OF COMMANDER	SIGNATURE
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III. FOR USE BY MILITARY OR CIVILIAN PERSONNEL OFFICE	
TO: (Firearm authorization authority)	FROM: (Personnel office)

THE INDIVIDUAL'S PERSONNEL RECORD HAS BEEN UPDATED IAW AFI 31-117. DISPOSITION INSTRUCTIONS UP3: FILE ONLY WHEN FORM PERTAINS TO PERMANENT DISQUALIFICATION.

DATE:	TYPED NAME OF PERSONNEL OFFICIAL/REPRESENTATIVE	SIGNATURE
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PREVIOUS EDITION WILL NOT BE USED

-----Tear along dotted line -----

IV. ARMORY FACILITY RECORD <i>(Complete this section before detaching)</i>	
TO: (Office symbol of armory facility)	FROM: (Office symbol of firearm authorization authority)

THE AUTHORITY FOR THE BELOW NAMED INDIVIDUAL TO BEAR FIREARMS AND BE ISSUED AMMUNITION IS  WITHDRAW  REINSTATE

TYPED NAME (Last, First, Middle Initial)	GRADE	SSAN	ORGANIZATION
DATE	TYPED NAME & GRADE OF INDIVIDUAL'S FIREARM AUTHORIZATION AUTHORITY		SIGNATURE

PREVIOUS EDITION WILL NOT BE USED