



DEPARTMENT OF THE AIR FORCE
47TH FLYING TRAINING WING (AETC)

Date: _____

MEMORANDUM FOR RECORD

FROM: Member's Name/Rank: _____

SUBJECT: Statement of Understanding (SoU) for Possession of Privately Owned Firearms (POF) and Concealed Carry Policy on Laughlin AFB

1. I understand I must immediately disclose I have a POF in my vehicle if stopped for Random Installation Entry/Exit Vehicle Checks (RIEVCs), Random Antiterrorism Measures (RAMs), traffic stops, or any interaction with on-duty Security Forces or Office of Special Investigations (OSI) personnel, with the exception of a routine entrance to the base. I will present a signed copy of this SoU and if available, a valid Law Enforcement Officers Safety Act (LEOSA) credential to Security Forces personnel.
 - a. I will not, under any circumstances, retrieve or utilize my POF during an emergency or any other situation on base.
 - b. I understand any open carry of POF is not be authorized on the base.
 - c. I understand I may not transport POF in a controlled or restricted area unless specifically authorized by regulation or instruction and in the official performance of duties.
 - d. I understand I am not authorized to remove my POF from my vehicle at any time while on base with the exception of transporting from my vehicle to the 47 Security Forces Squadron (SFS) Armory, or, from my vehicle to privatized housing or FAM Camp residence.
2. The authority to carry a concealed POF while transiting throughout base ONLY applies to individuals who are properly LEOSA credentialed and are also in possession of a valid DoD identification card who have registered their POF(s) with the 47 SFS.
3. Authorized individuals are required to maintain their LEOSA credential (if applicable), and their signed SoU, or a local credential verifying registration compliance, on their person at all times within the legal boundary of LAFB and must surrender it along with a valid DoD identification card when requested by Security Forces personnel or Office of Special Investigations (OSI) officials.
4. I understand that I must adhere to DoDM 5210.56, specifically:
 - a. Meet applicable federal, State, local, or, as applicable, to carry a firearm, to include being familiar and proficient with the firearm they are carrying.
 - b. Will not be under the influence of alcohol or any other intoxicating or hallucinatory drug or substance that would cause drowsiness or impair their judgment while carrying a firearm.
 - c. Will inform the arming authority about any change in conditions that would affect their permission to carry a privately owned firearm under this section.

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- d. Will comply with federal, State, and local law, regarding possession and use of privately owned firearms, including but not limited to those concerning the reasonable use of deadly force, self-defense, and accidental discharge.
 - e. Acknowledge they may be personally liable for the injuries, death, and property damage proximately caused by negligence in connection with the possession or use of privately owned firearms that are not within the scope of their federal employment.
5. Questions regarding this Statement of Understanding can be addressed to the Security Forces Pass & Registration Section at DSN: (830)298-5349.

Member's Name/Rank: _____

ASSIGNED UNIT/DUTY LOCATION: _____

I, _____, have read and understand the above policy outlining rules for transport of POF to and from Laughlin AFB, transportation and storage of POF while on base. I currently **DO / DO NOT** have a valid LEOSA credential and **DO / DO NOT** wish to submit a request to carry concealed on base. I understand any deviations of this policy may result in criminal charges under the Uniform Code of Military Justice (UCMJ) or may result in base debarment.

SIGNATURE: _____

1st Ind, _____/CC

I **DO / DO NOT** authorize the requested member to **STORE / CONCEAL CARRY** (LEOSA) their POF on Laughlin AFB for a period of two years from the date listed herein _____.

SIGNATURE: _____
Commander

2d Ind, 47 SFS/Pass & Registration

I verify member has completed all registration requirements and understands the Air Force and the installation commander's policies regarding POF carry, transport, and storage while on Laughlin AFB. The member **DOES / DOES NOT** have LEOSA credentials.

SIGNATURE: _____

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