



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

Date: _____

MEMORANDUM FOR RECORD

FROM: Member's Name/Rank _____

SUBJECT: Concealed Carry Statement of Understanding (SoU) to the Laughlin Air Force Base (LAFB) Privately Owned Firearm (POF) Guidance

1. I understand I must immediately disclose if I am in possession of a POF when selected for Random Installation Entry/Exit Vehicle Checks (RIEVCs), Random Antiterrorism Measures (RAMs), or traffic stops. I will present my DoD identification card, a signed copy of this SoU, and my license to carry or LEOSA credential to on-duty Security Forces or Office of Special Investigations (OSI) personnel, except during routine entrance to the base.

3. I understand carrying a concealed firearm while on base is a privilege. At any time, my permission to carry concealed may be suspended or revoked to maintain the installation's good order, discipline, and security. This includes detaining, denying access, and/or removing individuals who threaten the installation's safety.

3. I will not, under any circumstances, retrieve or utilize my POF during an emergency or any other situation on LAFB.

4. I understand that the open carry of any POF is not authorized on LAFB.

5. I understand my permission to carry a concealed firearm is limited to when I am inside my vehicle while transiting the installation, specifically while traveling to and from approved storage locations and the installation access points, unless I meet the criteria outlined in paragraph 9 of this SoU.

6. I understand I may not transport my POF into controlled or restricted areas.

7. I understand I am not authorized to remove my concealed POF from my vehicle at any time, except when transporting from my vehicle to and from the 47th Security Forces Squadron (47 SFS) Armory, privatized housing, or FAMCAMP residence.

8. I understand that if I reside in on-base dormitories, I am not authorized to store firearms, ammunition, or any dangerous weapons in my privately owned vehicle (POV) or in my dormitory, under any circumstances. The only exception is transiting to and from the 47 SFS Armory and installation access points in accordance with (IAW) LAFB POF Policy and Base Defense Plan.

9. I understand only LEOSA-credentialed personnel permanently assigned to 47 FTW or OSI are authorized to carry a concealed POF inside approved facilities IAW the LAFB POF Policy.

10. I understand that I must adhere to DoDM 5110.76_DAFMAN31-101V2, specifically:

10.1. I meet applicable federal, state, and/or local guidance, as appropriate, to carry a firearm.

10.2. I will not carry a POF if impaired physically or mentally. This includes being under the influence of alcohol or another intoxicating or hallucinatory drug or substance that would cause drowsiness or impair judgment while carrying a firearm.

10.3. I meet the eligibility and qualification requirements outlined in DoD Directive 5210.56, Paragraph 4.3.

10.4. I will comply with Federal, State, and local laws regarding the 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.

10.5. I acknowledge I may be personally liable for the injuries, death, and property damage proximately caused by negligence in connection with the possession or use of POF that are not within the scope of my federal employment.

10.6. I certify that I am not subject to past or pending UCMJ disciplinary action (i.e., non-judicial punishment or courts-martial), criminal investigations, any wants or warrants, civil restraining orders, Military Protective Order, or garment orders for any offense that calls into question my fitness to carry a firearm.

10.7. I will inform the arming authority of any change in conditions affecting my permission to carry a POF, as specified in paragraphs 10.1-10.6.

11. I understand any deviation from this policy may result in criminal charges under the Uniform Code of Military Justice (UCMJ) or base debarment.

12. I have read and understand the LAFB POF Policy outlining rules for concealed carry, transportation, and storage of POF(s) while on LAFB. I acknowledge this by signing below.

SIGNATURE: _____

1st Ind, _____

I am the first available O-5 / GS-14 in this member's chain of command.

The member has completed a DD Form 2760, *Qualification to Possess Firearms or Ammunition*, and verified (via PIF check) the member does not have any restrictions to possess firearms or ammunition.

The member DOES / DOES NOT have license to carry credentials.

The member DOES / DOES NOT have LEOSA credentials.

I DO / DO NOT authorize the requested member to CONCEAL CARRY their POF identified on AF Form 1314, *Firearms Registration*, on LAFB for a period of two years from the date listed herein: _____.

SIGNATURE: _____
Commander

2d Ind, 47 SFS/ _____

I have verified the member has completed all registration requirements, has written permission to conceal carry on the installation, and a DAFCJIC Disposition of Firearm check has been completed.

SIGNATURE: _____