

## CERTIFICATE OF COMPLIANCE WITH TITLE 10 USC §4683

### SECTION I – ORGANIZATION INFORMATION

1. Organization Name:	2. City:	3. State:
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### SECTION II – ORGANIZATION CATEGORY

I, the undersigned, acting for and on behalf of the above organization, certify that the organization will use the conditionally issued ceremonial rifles for funeral ceremonies of a member or former member of the armed forces, or for other ceremonial purposes, and that the organization is:

**(Check Only One)**

- a local unit of a veterans' organization (i.e. American Legion, AMVETS, Disabled American Veterans, Marine Corps League, Military Order of the Purple Heart, Veterans of Foreign Wars, etc.).
  
- a federally owned national cemetery with a rotational honor guard detail.
  
- an organization of veterans with an IRS 501(c)(19) or 501(c)(23) nonprofit status (No National HQs).  
Donation Ofc will classify your organization as "recognized" after you meet the specific eligibility requirements.
  
- a law enforcement agency with full arrest authority and created by statute.

### SECTION III – CEREMONIAL RIFLE USAGE

The organization will use the conditionally issued ceremonial rifles for:

**(Check All Applicable Reasons)**

- a funeral ceremony OF A MEMBER OR FORMER MEMBER OF THE ARMED FORCES.
- a funeral ceremony for other than a member or former member of the armed forces.
- a parade.
- other ceremonial purpose(s). Specify: \_\_\_\_\_.

### 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. Title of Signer:
5. Organization Telephone Number:	6. Organization Email Address:

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