Permission to Carry State Owned/Privately Owned Firearm

TO: _____ **DATE:** _____

FROM: _____

TITLE: _____

LOCATION: _____

This is a request for:

☐ Permanent assignment of a state-owned firearm

☐ Authorization to carry/use a privately-owned firearm

The privately-owned firearm that I am requesting to carry/use is a:

Brand: _____ Model Number: _____ Shot Capacity: _____

Caliber: _____ Barrel Length: _____ Finish: _____

Serial Number: _____ Date Qualified: _____ Score: _____

The state-owned firearm that I am requesting to carry/use is a:

Brand: _____ Model Number: _____ Shot Capacity: _____

Caliber: _____ Barrel Length: _____ Finish: _____

Serial Number: _____ Date Qualified: _____ Score: _____

_____ _____ _____
Employee Signature Unit Date

❑ Approved ❑Denied

_____ _____
Scott Crow, Interim Director Date

CC: Employee
Personnel File
Training File

(R 8/19)