Permission to Carry State Owned/Privately Owned Firearm

TO:	DATE:	
FROM:		
TITLE:		
LOCATION:		
This is a request for:		
☐ Permanent as	signment of a state-owned firear	m
☐ Authorization	to carry/use a privately owned fi	rearm
The privately owned firearm th	nat I am requesting to carry/us	se 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	s a:
Brand:	Model Number:	Shot Capacity:
Caliber:	Barrel Length:	Finish:
Serial Number:	Date Qualified:	Score:
Employee Signature	Unit	Date
☐ Approved	□Denied	
Steven Harpe, Director		Date
CC: Employee Personnel File Training File		(R 10/23)