

Permission to Carry State Owned/Privatey Owned Handgun (Probation and Parole)

TO: _____, District Supervisor

DATE: _____

FROM: _____

TITLE: _____

LOCATION: _____

This is a request for:

- Permanent assignment of a state-owned handgun
- Authorization to carry/use a privately owned handgun

The privately-owned handgun 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 handgun that I am requesting to be assigned permanently is:

Brand: _____ Model Number: _____ Shot Capacity: _____
 Caliber: _____ Barrel Length: _____ Finish: _____
 Serial Number: _____ Date Qualified: _____ Score: _____

Employee Signature	Badge #	Team/Unit	Date

Approved	Not Approved		
		Team Supervisor	Date
Comments:			

Approved	Not Approved		
		Assistant District Supervisor	Date
Comments:			

Approved	Not Approved		
		District Supervisor	Date
Comments:			

CC: Requesting Officer
 Team Supervisor
 Personnel File
 Training File

(R 02/22)