

Permission to Carry State Owned/Private 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, Director Date

CC: Employee
Personnel File
Training File