A&M SYSTEM WEAPON AUTHORIZATION REQUEST FORM

This form does not apply to the carrying of a concealed handgun by a license holder on member property or in a member vehicle.

Why are you requesting this Authorization? (Check one): ☐ Personal ☐ System/University/Agency Business** ☐ Other (Describe on separate sheet)

PERSONAL INFORMATION

Applicant: _____
Last Name First Name Middle Name

_____
Date of Birth (MM/DD/YY) Place of Birth (City, State)

_____
Address City State Zip

_____
Work Phone Cell Phone Home Phone Fax

_____ _____
Driver's License Number DL State

REASON FOR REQUESTED AUTHORIZATION

LOCATION AND DURATION OF REQUESTED AUTHORIZATION (BE AS SPECIFIC AS POSSIBLE)

Requested Location (list A&M System campus/building or other): _____

Trip/route information (if requesting authorization for system/rental vehicle): _____

Requested Date/Time (if applicable) or Duration (list beginning and ending dates): _____

****Department or Unit Information: Attach information describing use of weapons as part of a university/agency program. Identify each weapon to be used (if firearm, include manufacturer, model, serial number, caliber); include information regarding transportation of weapons; specify if transportation will be in university/agency vehicles (including rentals).**

Department/Unit Name: _____

Address : _____

Location of Use: _____

Storage Location: _____

Storage Contact: _____ Contact Phone: _____

FIREARM INFORMATION

_____

Manufacturer Model Serial Number Caliber

I request authorization to possess a weapon as indicated and give my consent to the university/agency or its designee to check my Computerized Criminal History for purposes relating to this application.

I acknowledge that this request, if approved, can be revoked at any time by the system member employee currently authorized to approve such requests. A revocation is effective immediately upon my receipt of this employee's oral or written revocation.

_____ _____

Applicant's Signature Date

_____ _____

Department, Unit or Organization Representative Signature Date

SYSTEM MEMBER ACTION

_____ _____ _____

Approved/Denied (Chief Executive Officer or Designee) Date

To be completed internally if approved:

Dates of Authorization (MM/DD/YY): _____ to _____

Date *Date (No later than August 31st of current fiscal year*)*

This restriction does not apply to usage related to official member business.

Other Details of Authorization (Include any differences from requested authorization): _____

_____

_____