## 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: \_ First Name Last Name Middle Name Place of Birth (City, State) Date of Birth (MM/DD/YY) City Address 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:	Contact Phone:	
FIREARM INFORMATION				
Manufacturer	Model	Serial Number	Caliber	
		ndicated and give my consent to the poses relating to this application.	e university/agency or its designee to	
		be revoked at any time by the system is effective immediately upon my	em member employee currently y receipt of this employee's oral or writter	
Applicant's Signature		 Date		
Department, Unit or Organizat	ion Representative Sig	nature Date	_	
SYSTEM MEMBER AC	<u>TION</u>			
Approved/Denied	(Chief E	Executive Officer or Designee)	 Date	
To be completed internally it	f approved:			
Dates of Authorization (MM/	uthorization (MM/DD/YY):		ugust 31st of current fiscal year *) s not apply to usage related to official member business.	
Other Details of Authorization	on (Include any differen	nces from requested authorization):		