

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: _____

