

Permission to Carry State Owned/Private Owned Firearm (Office of the Inspector General)

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 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 #	Unit	Date

Approved	Not Approved		
		Office of the Inspector General Supervisor	Date

Comments: _____

Approved	Not Approved		
		Inspector General	Date

Comments: _____

CC: Requesting Agent
Personnel File

Office of the Inspector General Supervisor
Training File