

A&M SYSTEM WEAPON AUTHORIZATION REQUEST FORM

Applicants must submit forms to the AgriLife Ethics & Compliance office for review and routing for final approval: exportcontrols@ag.tamu.edu.

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

UIN

Address City State Zip

Work Phone Cell Phone Home Phone Fax

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
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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): _____
