

Permission to Carry State Owned/Private Owned Handgun (Probation and Parole)

TO: _____, Administrator

DATE: _____

FROM: _____

TITLE: _____

LOCATION: _____

This is a request for:

☐ Permanent assignment of a state-owned handgun

☐ Authorization to carry/use a privately owned handgun

The privately-owned handgun 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 #	Team/Unit	Date

Approved	Not Approved		
		Team Supervisor	Date
Comments:			

Approved	Not Approved		
		Assistant Regional Supervisor	Date
Comments:			

Approved	Not Approved		
		Administrator	Date
Comments:			

CC: Requesting Officer
Team Supervisor
Personnel File
Training File

(R 06/25)