



UAPS File #

Application to Use a University of Alberta Owned Firearm

1. Applicant Information (Applicant is person who will use firearm. Complete all fields.)

Applicant's Name: (Surname, Given Name, Middle Initial)	Phone#	Cell#
	Email:	
Poss. & Acquisition or Poss. Only Lic#	PAL/POL Expiry Date:	
Faculty:	Unit/Department:	
Driver Licence Number:	OneCard Number:	
Emergency Contact Name:	Relationship:	Ph#

2. Details of Request

Start date:	End date:	
Reason for use of firearm:		
Locations of intended use:		
State travel plans to and from the University:		
State plan for firearm storage details when not in use:		
Supervisors name:	Phone number:	Cell:

3. Required Firearm and Other Equipment (case, cleaning kit, etc.)

Name/Make:	Model and Caliber:
Serial Number:	Other Equipment:

4. Faculty/Unit Approval of Issuance (Pursuant to UofA Firearms Policy, approval cannot be delegated.)

Name of Faculty Dean/Principal Supervisor:	Approval Signature:	Date Signed:
Telephone #:	Email Address:	

5. UAPS Issuance of University Owned Firearm (Pursuant to the UofA Firearms Policy, approval cannot be delegated.)

UAPS Firearms Officer: Sgt. Tony Thomsen	Approval Signature:	Date Signed:
Telephone #	REG #	Email Address:

6. Applicant Acknowledgement of Conditions and Responsibility

I, _____ have read the UofA Firearms and Weapons Policy and Procedures and acknowledge, understand and accept the responsibility of compliance with it and other related policy and procedures as follows:

- . Comply with all Municipal, Provincial & Federal firearms relevant legislation.
- . Ensure firearms related licenses and permits are in place and current.
- . Use only factory manufactured ammunition that is designed for the firearm being used.
- . Ensure the firearm is properly cleaned, serviced and maintained as required.
- . Report any firearms related incident immediately to the local Police Department and to University of Alberta Protective Services (24 hours) @ 1-780-492-5050.

Applicant's Signature:	Date Signed:
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