

Application for Firearm Use

1. Applicant Information (*Applicant is person who will have custody and control of the firearm*)

Applicant: _____ Phone Number: _____
Email Address: _____ Department: _____
Start/End Dates of Use: _____

2. Details of Request (*Attach additional information if needed*)

Justification for Firearm Use: _____

Location of Fieldwork (i.e. Brooks Range, Nome, etc.): _____

Procedures for securing/storing firearms when not in use: _____

Name of individuals accompanying the applicant: _____

3. Firearms Specifications & Training Dates (*Attach certificate(s)*)

Make/Model: _____ Caliber or Gauge: _____

Firearm Course: _____ Completion Date(s): _____

4. Applicant Acknowledgement of Issuance Conditions and Responsibility

I, _____ (clearly print name), have read UAF's Field Firearms Policy, 02.09.020, and acknowledge, understand and accept the responsibility of compliance with it and other related state and federal laws and regulations, and Board of Regents Policy and Regulations. I certify that I may legally possess a firearm and that the firearm is in proper working order. Furthermore, I understand that possession of a firearm while impaired by drugs or alcohol is a Class A Misdemeanor under Alaska law (AS 11.61.210(a)(1), and agree that I will not possess a firearm while impaired, and that such possession will be grounds for immediate removal from camp and disciplinary actions.

Signature: _____ **Date:** _____

5. Approval

a. Supervisor Name (print): _____ Date: _____
Signature: _____

b. Dean or Director Name (print): _____ Date: _____
Signature: _____

c. EHSRM Name (print): _____ Date: _____
Signature: _____

Per UAF's Field Firearms Policy, 02.09.020 I have reviewed and approve this request.

d. Chancellor or Designee Name (print): _____ Date: _____
Signature: _____