

<b>Request for Approval of Privately Owned Weapon/Ammunition</b>										
Employee:										
Date:										
Comments:										
Check All That Apply		Request for use			On Duty		Off Duty			
Weapon	Make	Model	Cal.	Comments						
Ammunition	Make	Model	Cal.	Grs/Oz.	Comments					
<b>Armorer/Instructor</b>										
Reviewed By:			Date:		Comments:					
Acceptance is Recommended						Acceptance is NOT Recommended				
<b>Supervisor</b>										
Non-standard weapons requested for on-duty use must be approved by the unit supervisor										
Reviewed By:			Date		Comments:					
Approved		Not Approved		Signature:						
<b>Chief of Police</b>										
Comments:										
Approved		Not Approved		Signature:						