

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