



**AGRICULTURE & NATURAL RESOURCES
RESEARCH AND EXTENSION CENTER SYSTEM
EMPLOYEE FIREARM AUTHORIZATION FOR POSSESSION AND/OR DISCHARGE
FOR BUSINESS USE, OCCASIONAL, OR RESIDENTIAL STORAGE**

Research and Extension Center:

Employee Name:

Employee Address:

CONDITIONS OF AUTHORIZATION:

When not in use for approved purpose, firearm(s) shall be maintained unloaded and in a secured location, at the REC headquarters or preauthorized designated area. When not in use for approved purpose, ammunition for the firearm(s) shall be maintained and secured in a location separate from the firearm(s).

Additional Conditions:

NOTE:

***An Employee Firearm Authorization for HUNTING on UC property requires a separate and specific authorization form, (See Firearm Authorization for Possession and/or Discharge for Hunting).
"Occasional" as referenced below, refers to the inconsistent possession or storage of a firearm from one authorized location to another.

Firearm No. 1

Ownership: Personal University

Reason for Authorization: Business Use Residential Storage
 Occasional

Type of Use: Animal/Predator Control Euthanasia
 Other:

Additional Comments:

Firearm No. 2

Ownership: Personal University

Reason for Authorization: Business Use Residential Storage
 Occasional

Type of Use: Animal/Predator Control Euthanasia
 Other:

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

UC Inventory#

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

UC Inventory#

Attach additional sheets as necessary to list each additional firearm. TOTAL NUMBER OF FIREARMS REQUESTING TO BE AUTHORIZED:

Certification(s) attached: Completion of State of California certified Firearm/Hunter Safety Course
 Completion of Federal or State of California certification as Firearm/Hunter Safety Instructor

I agree to comply with Research and Extension Centers Policy and Procedures for Firearms, Conditions as stated on this form and local policies or guidelines of the Research and Extension Center where written permission is authorized. I certify that I am legally allowed to possess and use firearms. Failure to comply with the guidelines will result in immediate removal of all granted authority for the possession and/or discharge on Research and Extension Center property.

Employee Signature: Date:

This authorization is not complete without approval signatures (see additional page(s))



**AGRICULTURE & NATURAL RESOURCES
RESEARCH AND EXTENSION CENTER SYSTEM
EMPLOYEE FIREARM AUTHORIZATION FOR POSSESSION AND/OR DISCHARGE
FOR BUSINESS USE, OCCASIONAL, OR RESIDENTIAL STORAGE**

Research and Extension Center:

Employee Name:

Use this sheet as necessary to record information about additional firearms.

NOTES & CONDITIONS OF AUTHORIZATION as stated on page 1 apply to all firearms listed on subsequent pages

Firearm Information (continued)

Firearm No. _____

Ownership: Personal University

Reason for Authorization: Business Use Residential Storage
 Occasional

Type of Use: Animal/Predator Control Euthanasia
 Other:

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

UC Inventory#

Firearm No. _____

Ownership: Personal University

Reason for Authorization: Business Use Residential Storage
 Occasional

Type of Use: Animal/Predator Control Euthanasia
 Other:

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

UC Inventory#

Firearm No. _____

Ownership: Personal University

Reason for Authorization: Business Use Residential Storage
 Occasional

Type of Use: Animal/Predator Control Euthanasia
 Other:

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

UC Inventory#

Firearm No. _____

Ownership: Personal University

Reason for Authorization: Business Use Residential Storage
 Occasional

Type of Use: Animal/Predator Control Euthanasia
 Other:

Additional Comments:

Manufacturer:

Caliber:

Model No:

Serial No:

Storage Location:

UC Inventory#

This authorization is not complete without approval signatures (see additional page(s))



**AGRICULTURE & NATURAL RESOURCES
RESEARCH AND EXTENSION CENTER SYSTEM
EMPLOYEE FIREARM AUTHORIZATION FOR POSSESSION AND/OR DISCHARGE
FOR BUSINESS USE, OCCASIONAL, OR RESIDENTIAL STORAGE**

APPROVAL AUTHORIZATION (This section to be completed by Center Director & REC System Admin. Office)

PERIOD OF AUTHORIZATION: From _____ To _____ (all authorizations will expire annually within the calendar year)

TOTAL NUMBER OF FIREARMS REQUESTING TO BE AUTHORIZED:

Center Director:

(Print)

(Sign)

(Date)

Associate REC Director:

(Print)

(Sign)

(Date)

REC System Director:

(Print)

(Sign)

(Date)