



**UC AGRICULTURE & NATURAL RESOURCES  
RESEARCH AND EXTENSION CENTER (REC) SYSTEM  
EMPLOYEE FIREARM AUTHORIZATION FOR POSSESSION AND/OR DISCHARGE  
FOR BUSINESS USE, TEMPORARY, 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).*

*\*\*"Temporary" 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  
 Temporary

Type of Use:  Animal/Predator Control  Euthanasia  
 Other:

Additional Comments:

Firearm No. 2

Ownership:  Personal  University

Reason for Authorization:  Business Use  Residential Storage  
 Temporary

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))**



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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     Business Use                       Residential  
Authorization:  Temporary                      Storage

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     Business Use                       Residential  
Authorization:  Temporary                      Storage

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     Business Use                       Residential  
Authorization:  Temporary                      Storage

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     Business Use                       Residential  
Authorization:  Temporary                      Storage

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))**



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**APPROVAL AUTHORIZATION** (This section to be completed by REC 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:**

REC Director:

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)

Vice Provost of Research and Extension:

\_\_\_\_\_  
(Print) Mark Lagrimini

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)