

**UNIVERSITY OF CALIFORNIA  
AGRICULTURE & NATURAL RESOURCES  
RESEARCH AND EXTENSION CENTER SYSTEM  
FIREARM AUTHORIZATION FORM - ANNUAL HUNT**

**HOPLAND RESEARCH & EXTENSION CENTER**

Name of Hunt Leader: \_\_\_\_\_

Affiliation:       Public Hunter     UC Employee     Other

**Conditions of Authorization:**

- \* When not in use for approved purpose, firearm shall be maintained unloaded and in a safe manner within your vehicle.
- \* When not in use for approved purpose, ammunition for the firearm shall be maintained in a location separate from the firearm.

**Additional Conditions:** Authorization valid only on the calendar day of the issued hunting permit.

**Hunter Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Firearm Information:**

Ownership: PERSONAL

Reason for Authorization: HUNTING

Type of Use: HUNTING

Manufacturer: \_\_\_\_\_

Caliber: \_\_\_\_\_

Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Proof (Attach copy of the following):

Valid Hunting License issued by State of California Department of Fish and Game

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

Hunter Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature of Center Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director, REC System: Signature \_\_\_\_\_ Date: \_\_\_\_\_

of Director, REC System: \_\_\_\_\_ Date: \_\_\_\_\_