

Privately Owned Firearm Use Approval Form

1. Applicant Information (Applicant is person who will use firearm. Complete all fields.)

Applicant's Name (Surname, Given)		Phone#	Email:
		Mobile#	
Possession and Acquisition License (PAL) Number		PAL Expiry Date	
Home Faculty/Unit		Driver's License No or OneCard Number	
Emergency Contact Name	Relationship	Phone#	

2. Details of Request (Respond by way of an attached sheet as needed.)

Reason for use of privately owned firearm.	
State all locations of intended/potential use of firearm.	
Do you intend to take firearm on or into University owned, leased, rented or controlled properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State plan for firearm storage details when not in use.	
Research group (if applicable) and/or individuals joining the applicant.	
Start Use Date	End Use Date

3. Firearm Specifications

Name/Make	Model and Caliber
Serial Number	Other Equipment (carrying case, scope.):
Date of Gunsmiths Inspection Declaration (MM/DD/YYYY)	Attached Gunsmith's Inspection Declaration <input type="checkbox"/>

4. Faculty/Unit Approval of Issuance (Pursuant to UofA Firearm Policy, this approval cannot be delegated.)

Name of Chair/Principal Supervisor	Approval Signature	Date Signed:
Telephone:	Email Address:	

5. UAPS Approval of Use of a Privately Owned Firearm (Pursuant to the UofA Firearm Policy, approval cannot be delegated.)

Name of UAPS Approver	Approval Signature	Date Signed
Phone#	REG #	

The above approval for the use of your Privately Owned Firearm is subject to the applicant's signed acknowledgement and acceptance (see Section 6) of the following conditions (refer to and use an attached sheet as needed) : 1.) Hand loaded ammunition is not to be used.

6. Applicant Acknowledgement of Issuance Conditions and Responsibility

I, _____ (clearly print name), have read the University's Firearms and Weapons Policy and Procedures and acknowledge, understand and accept the responsibility of compliance with it and other related policy and procedure, with the conditions as specified by Protective Services (Section 5), and with the following :

- to ensure compliance with all firearms relevant legislation
- to ensure firearms related licenses and permits are in place and available to show the user is in legal possession of the firearm. (I.e. upon request of a peace officer)
- to follow the terms and conditions concerning the issuance of the approval of a firearm
- to ensure approved firearm continues to be properly cleaned, serviced and maintained as required by the University's Firearms and Weapons Policy and Procedures
- to report any incident consistent with the University's Firearm Incident Reporting Procedure. I will notify the following agencies immediately: 1) Relevant Police Department 2) Protective Services (24 hours) @ 1 - 780 - 492-5050, Manager, Insurance and Risk Assessment @ 1 - 780 - 492-8886
- to advise Protective Services (24 hours @ 1 - 780 - 492-5050) of the need to extend the end date of the approved usage, first by phone and then in writing at the soonest possible opportunity.
- to comply with the firearm storage conditions requiring the firearm to be stored in a secure case with a trigger lock.
- purchase ammunition consistent with the type of firearm and the intended use.

Applicant's Signature	Date Signed:
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