Personally-Owned Equipment Request

Click or tap here to enter text.

Employee Name: Click or tap here to enter text. Employee ID: Click or tap here to enter text.

In accordance with DOC P&P 1207.01, I am requesting the use of the following personally-owned equipment:

**FIREARM:**

|  |  |
| --- | --- |
| Make: |  |
| Model: |  |
| Caliber: |  |
| Serial Number: |  |

**HOLSTER:**

|  |  |
| --- | --- |
| Make: |  |
| Model: |  |
| Level: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

Received by Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request reviewed by Firearm Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommendation: approve/deny

Request reviewed by DOC Training Academy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommendation: approve/deny

Request reviewed by PO IV / PO V: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommendation: approve/deny

The above firearm / holster has been APPROVED \_\_\_\_\_ or DENIED \_\_\_\_\_ to be carried on duty according to DOC P&P 1207.01 Appendix A.

Signature: Division Director Printed Name: Date:

Distribution:

Original: employee file Copy: DOC Training Academy