

WEAPONS APPROVAL FORM

As required by the university's *Institutional Rules*, Section 11-404(a)(2) [Issue Number: 2010/4]



PART A

All fields must be completed (if not applicable, enter: N/A). **The form must be submitted, along with photographs of the weapon(s), at least 7 working days prior to scheduled event.** Forms submitted without applicant's signature or with empty fields will not be processed. Submit form to the attention of Wanda Brune. **Campus Mail:** Use code A5800. **United States Postal Service delivery address:** 1 University Station A5800, Austin, TX 78712-0175. **Hand deliver** to the Student Services Building (SSB), 4.104. **Fax** to 512-475-7942.

(To complete form, either type information into PDF form fields before printing, or **print legibly.**)

Name of event _____ Event date(s) _____

Start time _____ a.m. _____ End time _____ a.m.
 p.m. _____ p.m.

Event location(s) _____

Is the event being hosted by a registered student organization? Yes No

If **Yes**, please provide the name of the registered student organization _____

Will this organization also be using/handling the weapons? Yes No

If **No**, name of organization that will be using/handling weapons _____

Description and/or purpose of event _____

Applicant name _____ Name of advisor _____

Applicant EID _____ University department _____

Applicant phone number _____ Advisor's phone number _____

Weapon Information

Person supervising weapon(s) use _____

Weapon(s) type(s) _____ Number of weapons _____

Material weapon(s) is/are made of (i.e., metal, wood, plastic, etc.) _____

Actual Mock Replica Modified If **Modified**, in what manner? _____

Please remember to include photographs of the weapon(s) when submitting your completed form.

How will the weapon(s) be used (i.e., scene description) _____

Who will be transporting the weapons? _____

How will the weapon(s) be transported to and from the event? _____

Will the weapon(s) be transported in a carrying case? Yes No

If **No**, explain how they will be transported and what safety precautions will be used (i.e., wrapped securely) _____

Will the weapons make physical contact with anyone? Yes No

If **Yes**, what type of contact and what protective gear will be worn _____

