WEAPONS APPROVAL FORM

As required by the university's Institutional Rules, Section 11-404(a)(2) [Issue Number 2011/4]

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. If Yes , please provide the name of the registered student organization.		
Will this organization also be using/handling the weapons?		
If No , name of organization that will be using/handling wea	pons	
Description and/or purpose of event		
Anulisant name	Name of advisor	
	Name of advisor University department	
	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.)	
	odified, 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?	/es □No	
· · · · · · · · · · · · · · · · · · ·	precautions will be used (i.e., wrapped securely)	
Will the weapons make physical contact with anyone? If <i>Yes</i> , what type of contact and what protective gear will be	Yes No	

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PART B

Office of the Dean of Students

Safety Precautions		
Vhat type of protective gear (if any) will be worn		
	eve or will have with weapon(s), as well as the safety and audience. Please include details of practice, trai	· -
Vill a First Aid Kit be readily available? 🔲 Yes 🔲	No Please explain	
Name(s) and UT EID(s) of those who will p	participate in weapons use:	
Vote: If additional space is required to list all names and UT E	EIDs, please use a separate page and attach to Weapons Appro	oval Form.
	f my knowledge and will inform the Office of the Deal tion that have or may occur. By signing below, I autho Signature of Applicant	
Print Name of Advisor	Signature of Advisor	Date
Approval		
Administrative ReviewSJU		
	I based on the information provided. Weapon(s) sho case is not available. A copy of this <i>Weapons Approval</i> and must be made available to UTPD upon request.	
Stipulations		
Student Activities Staff Date	Dr. Douglas C. Garrard	 Date

Senior Associate Dean of Students