

IOWA STATE UNIVERSITY FIREARMS OR WEAPONS APPROVAL FORM

PART B

Safety Precautions

What type of protective gear (if any) will be worn? _____

Describe experience and/or training participants have or will have with weapon(s), as well as the safety precautions that will be taken during the event to safeguard the participants and audience. Please include details of practice, training, rehearsal time and choreography _____

A trauma first aid kit is required. If you will not have, one explanation is required.

Name(s) and ISU UID(s) of those who will participate in weapons use:

Note: If additional space is required to list all names and ISU UIDs, please attach a separate page.

I have provided all required information to the best of my knowledge and will inform the Department of Public Safety in writing, of any omissions, errors and/or changes to said information that have or may occur. By signing below, I authorize the the Department of Public Safety to check student records.

Print Name of Applicant

Signature of Applicant

Date

Print Name of Advisor

Signature of Advisor

Date

Approval

The weapon(s) use for this event has been approved based on the information provided. Weapon(s) should be carried to and from event site in a case, or wrapped securely if a carrying case is not available. A copy of this *Weapons Approval Form*, including all attachments, **must** accompany the weapon(s) at all times, and must be made available to ISUPD upon request.

Stipulations _____

Michael Newton
Assistant Vice President / Chief of Police

Date

Pam Cain
Interim Senior Vice President of University Services

Date