

# WTAMU Firearm Authorization Application

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

## **PERSONAL INFORMATION**

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Last Name	First Name	Middle Name
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Date of Birth (MM/DD/YY)	Place of Birth (City, State)
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Address	City	State	Zip
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Work Phone	Cell Phone	Home Phone	Fax
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Driver's License Number	DL State
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## **WEAPON INFORMATION**

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Manufacturer	Model	Serial Number	Caliber
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## **CONCEALED HANDGUN LICENSE INFORMATION**

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State of Issue	Number	Expiration Date
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## **REASON FOR REQUEST**

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I give my consent to the University Police Department to check my Computerized Criminal History (CCH) for purposes relating to this Application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Approved / Denied

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Investigator