APPENDIX 23A

FIREARM AUTHORIZATION FORMS

- Possession and Discharge Form
- Possession and Storage Only Form
Reserve(s):__________________________________________________________

Name of Applicant:____________________________________________________

Address:________________________________________________________________

Phone:_________________________________________________________________

Check all applicable categories:

[ ] Resident Reserve Staff               [ ] Non-resident Reserve Staff
[ ] Other (describe)__________________________

Reason(s) for seeking permission to possess and discharge firearm(s) on the Reserve(s):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Evidence of Firearm Safety Training:

Check all applicable categories and attach documentation:

[ ] Completion of State of California certified hunter or other firearm safety course that applies
to the firearm(s) listed below

[ ] Valid State of California Department of Fish and Wildlife Hunting License

[ ] Federal or State of California certification as an instructor in firearm/hunter safety

[ ] Other (describe)__________________________

Firearm Information:

Manufacturer:________________________________________________________

Type and Model Number:_______________________________________________

Caliber:______________________________________________________________

Serial Number:________________________________________________________

Storage location on Reserve:____________________________________________

[ ] Check here if more firearms are included under this authorization, and provide the foregoing
information for each additional firearm on page 2 of this form.

By signing this authorization form, I agree to first consult the Reserve Manager on all proposed uses
of this firearm(s), and to take all reasonable steps to ensure the safe possession and discharge of such
firearm(s) on the Reserve(s). If I wish to bring any other firearms on the Reserve(s), I agree to apply
for additional permission to do so from the appropriate campus official listed below.

____________________________________________________________________

Signature of Applicant Date
NATURAL RESERVE SYSTEM
FIREARM AUTHORIZATION FORM
Possession and Storage Only

Reserve(s):__________________________________________________________

Name of Applicant:____________________________________________________

Address:________________________________________________________________

Phone:________________________________________________________________

Check all applicable categories:

[ ] Resident Reserve Staff

[ ] Non-resident Reserve Staff

[ ] Other (describe)________________________________________________________

Reason(s) for seeking permission to possess and store firearm(s) on the Reserve(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Firearm Information:

Manufacturer:____________________________________________________________

Type and Model Number:___________________________________________________

Caliber:________________________________________________________________

Serial Number:____________________________________________________________

Storage location on Reserve:_________________________________________________

[ ] Check here if more firearms are included under this authorization, and provide the foregoing information for each additional firearm on page 2 of this form.

I understand that this authorization only allows me to store my firearm(s) on the Reserve(s), but does not permit me to discharge my firearm(s). By signing this form, I agree to take all reasonable steps to ensure the safe possession and storage of such firearm(s) in a locked area. If I wish to discharge any of these or other firearms on the Reserve(s), or store additional firearms, I agree to apply for separate permission to do so from the appropriate campus official listed below.

Signature of Applicant ___________________________________________________________________________________________

Date _______________________________________________________________________________________________________

I, the Reserve Manager/Director, have reviewed this Applicant's request for permission to possess and store the foregoing firearms within the designated Reserve(s). Comments, if any: ______________________________

___________________________________________________________________________________________________________

Signature of Reserve Manager/Director __________________________________________________________________________

Date _______________________________________________________________________________________________________