

APPENDIX 23A

FIREARM AUTHORIZATION FORMS

- Possession and Discharge Form
- Possession and Storage Only Form

**NATURAL RESERVE SYSTEM  
FIREARM AUTHORIZATION FORM  
Possession and Discharge**

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