



OREGON DEPARTMENT OF CORRECTIONS Parole & Probation

Request for Authorization to Carry a Firearm While on Duty

Officer Making Request: _____ DPSST #: _____
Last, First and Middle

Office Location: _____

I have completed all required training pursuant to the Firearms procedure (arrest procedures, use of restraints, less than lethal force option, defensive tactics) as evidenced by Department training records. I have thoroughly reviewed and agree to abide by the Use of Force rule and the Firearms procedure and hereby apply for training and authorization to carry a firearm while on duty pursuant to DOC rules and procedures.

Officer's Signature _____
Date

Local State Director Review/Recommendation:

Date DPSST/DOC approved training completed:

- Arrest Procedure _____
- Use of Restraints _____
- Less than Lethal force Option: _____
List type of force option
- Defensive Tactics _____
- Psychological Screening – ORS 166.263(2) _____

Approved: _____ Denied: _____ Date: _____
Local Director Signature Local Director Signature

Rationale (if denied): _____

Firearms Instructor:

The above listed office has successfully completed firearms training and is fully qualified to carry a firearm while on duty.

Firearms Instructor _____
Date