



# 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