

DIVISION OF POLICE

CLEVELAND, OHIO

DIVISIONAL INFORMATION

DIST./BUR. _____ ZONE/UNIT _____ 20 _____
EXAMINED BY _____ RANK _____ 20 _____
FROM _____ TO _____
SUBJECT Request for Permission to Carry a Personal Firearm
COPIES TO Personnel Unit, Ordnance Unit

Sir/Ma'am:

I respectfully request permission to carry the below described personal firearm:

MANUFACTURER: _____ MODEL: _____

TYPE: _____ CALIBER: _____

SERIAL NUMBER: _____ BARREL LENGTH: _____

FINISH: _____

A printout of an N.C.I.C. check of this firearm is attached.

Documentation of successful completion of the annual firearms re-qualification is attached.

RESPECTFULLY _____ # _____

This firearm complies with all provisions of G.P.O. 1.3.11, Ammunition and Firearms

I recommend approval:

(Signature Section)

Platoon/Unit Supervisor: _____ # _____ Date: _____

District/Bureau Commander: _____ # _____ Date: _____

Deputy Chief: _____ # _____ Date: _____

Inspected and approved by Ordnance Unit supervisor:

(Signature Section)

Supervisor: _____ # _____ Date: _____

Approved by the Chief of Police:

Chief: _____ # _____ Date: _____