



### Application to Carry a Concealed Handgun

Re: [Policy 1018 Weapons on Campus](#)

**Please complete the requested information below. This application must be submitted and approved prior to carrying a handgun on UWS property.**

#### 1. Applicant's information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

#### 2. Required Documentation

Provide a copy of your current, valid Oregon concealed handgun license and initial statements below.

- \_\_\_\_\_ 1. I have read and understand [Policy 1018 Weapons on Campus](#).
- \_\_\_\_\_ 2. I attest I have received the necessary training in handgun usage, and safety pursuant to Oregon statute 166.291.
- \_\_\_\_\_ 3. I attest I will not carry a concealed handgun during any laboratory instructional sessions or clinic shifts.
- \_\_\_\_\_ 4. I understand this application is valid for **one year** and it is my responsibility to submit an application prior to the expiration date listed below. If I miss the expiration date, I understand that I may not carry a concealed handgun until a new application has been submitted and approved.
- \_\_\_\_\_ 5. I understand the ability to carry a concealed handgun may be revoked at any time at the discretion of the office of the president. I will be notified in writing in the event that this occurs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

<b>Office use only:</b>	
Name and title of reviewer _____	
Approved _____	Rejected _____ Expiration Date _____
Signature of reviewer _____ Date _____	