



# Imperial County Sheriff's Office

## Fred Miramontes

Sheriff-Coroner-Marshal

Personally Owned Firearm Authorization Form



**THIS FORM MUST BE  
COMPLETED AND APPROVED  
PRIOR TO USING YOUR WEAPON**

Date: \_\_\_\_\_

I, \_\_\_\_\_ am respectfully requesting to utilize my personally owned firearm for on-duty purposes.

Weapon Manufacturer: Choose a weapon manufacturer

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Caliber: Choose a caliber

**Owner of firearm:**

Title/Badge: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Imperial County Sheriff's Office Range Master:**

Passed Weapons Inspection:  Yes  No

Passed Range Qualification:  Yes  No

Passed Holster Inspection:  Yes  No

Title/Badge: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Operations Chief:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_