



**SOUTH CAROLINA DEPARTMENT OF NATURAL REASOURCES
LAW ENFORCEMENT DIVISION
TRAINING SECTION**



Request for Approval of Off Duty or Back-Up Weapon

To: Supervisors:

From: _____ Region: _____
Officer's Name

I hereby request authorization to utilize the following weapon as an off duty or back-up. I understand that I will have to demonstrate proficiency annually with this weapon and comply with DNR policies and directives.

Weapon Make: _____ Model: _____

Serial Number: _____ Caliber: _____ Barrel Length: _____ inches

Officer's Signature Date

Check One:

Approved Disapproved

Immediate Supervisor Date

Approved Disapproved

Region Captain Date

This form must be signed and approved by each of the Supervisors listed above before firearms qualification course is administered.

Instructor Compliance Certification:

The officer listed above has participated in a off-duty/backup firearms qualification and (check one below):

- has qualified with the firearm indicated above.
- has failed to qualify with the firearm indicated above.

ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

I do hereby certify that I have been advised of my firearms qualification scores by the Specific Firearms Instructor indicated.

Officer's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____