

## QUEEN'S UNIVERSITY WEAPONS POLICY REQUEST FORM

### PART I: REQUEST TO BRING WEAPON(S) ON CAMPUS

**Name of Requesting Individual:**

**Student/Staff/Faculty Number:**

**Telephone:** (Queen's) (Home)

**E-mail:** **Date Submitted:**

**Type and number of weapon(s) required:**

**Why do you require these weapon(s) on campus (please identify specific event or activity if applicable)?**

**How long will the weapon(s) be on campus (please indicate specific times/dates)?**

**Where will the weapon(s) be used on campus (please list specific locations ie. building, room number, field or outside area)?**

**If applicable, where will the weapon(s) be stored on campus and in what secure storage facilities (please identify building and room and describe storage facilities)?**

**If the weapon(s) are required for a Queen's sanctioned event, which Department is sponsoring the event or activity?**

**Who is the departmental contact for the event (name and phone number)?**

**I have read and understand the Queen's University Weapons Policy, the Queen's Policy Against Campus Violence, and the following three stipulations:**

- 1. Storage** - Place items in bag to & from Campus. Ensure they are not visible to the Public.
- 2. Signs** - Must place signs on all main entrances to area being used for filming that state: "Filming in progress with fake weapons".
- 3. Notice** - Must contact Emergency Report Center (533-6080) before and after filming.

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**Signature of requesting individual**

**PART 2: CERTIFICATION BY DEPARTMENTAL AUTHORITY**

**Department or Unit sponsoring event or activity:**

**Name of Dean, Director or Department Head:**

**Phone number:**

**(Queen's) e-mail:**

**I certify that the above listed weapon(s) are required for an authorized event or activity and that they will be used and stored as described in this request. I recommend approval of this request.**

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**Signature of Dean, Director or Department Head**

**PART 3: APPROVAL BY CAMPUS SECURITY**

**This request is not approved.**

**OR**

**This request is approved.**

**OR**

**This request is approved with the following conditions:**

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Chris Scott, Director Campus Security and Emergency Services.

**\*\*\*\*\*FOR CAMPUS SECURITY USE ONLY\*\*\*\*\***

**The following have been notified regarding the above sanctioned event (list who and date contacted):**