



Appendix A: Non-Restricted Firearm in Research/Teaching Approval Form	
1. Applicant Information (Applicant is the person who has overall authority/responsible for the activity (e.g. PI or Field Instructor))	
Applicant's Name (Last name, First name)	Faculty/Unit
Email	Phone#
2. Details of Request (Attach additional information if required)	
State reason for use of firearm	Start Use Date of Activity/Research (mm/dd/yy): End Use Date (mm/dd/yy):
Is this activity research or instructional? If this is a course, please include course code.	
State all locations of intended/potential use of firearm.	
Do you intend to take firearm on or into the University owned, leased, rented or controlled properties? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach SOP which includes details for safe use/storage/transport/maintenance while on campus. <input type="checkbox"/>
3. Firearm Information (You may list multiple firearms where applicable)	
Section 3A: Privately owned firearm (ensure PAL information is stated in the section below or on attached sheet/s)	Section 3B: Firearm owned or managed by a third party
Name of owner	Name of organization who owns the firearm
Type of firearm/serial number	Expected type of firearm
Date of Gunsmiths Inspection Declaration: Attached Gunsmith's Inspection Declaration <input type="checkbox"/>	I have verified that the organization named above have processes in place for maintaining the firearm in good condition. <input type="checkbox"/>
4. Applicant/Responsible User Acknowledgement of Issuance Conditions and Responsibility	
By signing below, I attest the following:	
<ol style="list-style-type: none"> 1. To comply with University of Toronto Firearms Guideline on Firearms in Research and Field Teaching and any applicable local and/or legal requirements for the use, possession, use, maintenance, care and storage and transport of the firearm(s) documented above. 2. To ensure firearm-related licences (PAL) and permits are in place and available to show the user is in legal possession of the firearm. 3. To comply with the terms and conditions concerning the issuance of the approval of a firearm. 4. To review the risk assessment, SOPs, training and instruction and other related documents annually. 5. APPLICANT ONLY: To ensure that all Team Members are trained and instructed on this guideline, SOPs and hazards and mitigations identified in the risk assessment. 6. APPLICANT ONLY: I understand the approval is for a period of five (5) years but within the approval period, I will review this document annually and re-apply for approval if there are substantial updates (e.g., changes in Firearms or location, list of Responsible Users, etc.). 	



Name of Applicant	PAL #	PAL expiration date (mm/dd/yy)	Signature	Date Signed (mm/dd/yy):
Name and Title of Responsible User (e.g. faculty, staff, students, etc.)	PAL #	PAL expiration date (mm/dd/yy)	Signature	Date Signed (mm/dd/yy):
4. Campus/Faculty Approval of Issuance (Completed by the Division Head. This approval cannot be delegated. Approval is for 5 years)				
Name of Dean/Principal (Approver)		Approval Signature		Date Signed (mm/dd/yy):
Telephone:		Email Address:		

A completed copy of the form must be submitted to EHS (ehs.office@utoronto.ca) .