

MONTANA STATE UNIVERSITY BILLINGS

UPD Form #107.9.1

Armory Use Application

Revised 03/01/17

Applicant *(Identified by valid government issued photo ID)*

Last Name			First			Middle		
Date of Birth		Age	SSAN		Ht.		__ ft. __ in.	Wt. ____ lbs.
Student ID #			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen		<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Street Address						Phone		- -
City					State	Zip Code		
Mailing Address (if different)								
City					State	Zip code		
Contact Person (First & Last Name)			Address		City	State	Phone	
							- -	
Weapon (Check all that apply)			<input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Bow <input type="checkbox"/> Other <input type="checkbox"/> Air Rifle <input type="checkbox"/> Air Pistol					
Item 1			Item 2					
Item 3			Item 4					
Item 5			Item 6					
Firearm Type		<input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Pistol <input type="checkbox"/> Revolver <input type="checkbox"/> Other (Specify):						
Firearm Category		<input type="checkbox"/> Pump Action <input type="checkbox"/> Lever Action <input type="checkbox"/> Bolt Action <input type="checkbox"/> Semi-auto <input type="checkbox"/> Single Shot <input type="checkbox"/> Automatic						
1	Manufacturer			Model		Cal./Ga.		
	Serial #		Optics	<input type="checkbox"/> Yes <input type="checkbox"/> No		Finish	BBL	__ in.
2	Manufacturer			Model		Cal./Ga.		
	Serial #		Optics	<input type="checkbox"/> Yes <input type="checkbox"/> No		Finish	BBL	__ in.
3	Manufacturer			Model		Cal./Ga.		
	Serial #		Optics	<input type="checkbox"/> Yes <input type="checkbox"/> No		Finish	BBL	__ in.
4	Manufacturer			Model		Cal./Ga.		
	Serial #		Optics	<input type="checkbox"/> Yes <input type="checkbox"/> No		Finish	BBL	__ in.

I understand that under penalty of law the information on this form is true and correct and I am the lawful owner of all firearms and other property I seek to store in the MSU Billings Armory. I expressly authorize the MSU Billings Police Department to perform firearms checks of all relevant state and federal databases, including the National Crime Information Center and the Federal Bureau of Investigation's National Instant Criminal Background Check System. I also understand that if I currently possess or own firearms and the results of this check reveals that I am ineligible either to lawfully possess or purchase firearms, I must relinquish any and all firearms in my possession.

Applicant Signature

Date

University Police Use only	
<input type="checkbox"/> NCIC on Firearm	Comments:
<input type="checkbox"/> Disapprove <input type="checkbox"/> Approved by:	
Date:	