



**Montana State University Billings Police Department**  
**1500 University Drive Billings, MT 59101**



**Weapons Contract and Receipt**

Owner's Last Name	Date/Time	CAD #	Locker #

1. Only the owner of a weapon may check it in or out. The owner must provide valid government issued photo identification to check a weapon in or out of the armory.
2. Weapons will only be checked in or out through a Montana State University Billings Police Officer. It is understood that Police Officers will give priority to calls for service and emergencies. Persons checking weapons in or out may be subject to waiting for an officer to become available.
3. Firearms will not be accepted unless they are unloaded. Any loaded firearm brought to the University Police office will result in disciplinary actions through the student code of conduct.
4. All firearms must be enclosed inside a proper case, or range bag so the firearm is completely obscured when taken to or from the armory.
5. Weapons may be checked in or out 24 hours a day. Weapons may be checked in or out after business hours (8:00 A.M. to 4:30 P.M. Monday through Friday), or weekends and holidays if arrangements are made by calling University Police at 657-2147. Officers will attempt to accommodate after-hours requests on a priority call basis.
6. The armory is only available to students who pay student fees and are in good standing with the university.
7. Only MSU Billings Police Officers are allowed access to the armory. Handling of weapons is only allowed by University Police Officers.
8. If the weapon is being removed permanently from the armory, the owner must inform the Officer.
9. The MSU Billings Police Department is not responsible for any damage or change in conditions to the weapons and accessories. It is the owners responsibility to notify the Police Officer, at the time of check in, of any change in condition or damage that occurred to the weapon while it was checked out.
10. Weapons will not be released to individuals who, by the Police Officer's judgement, appear to be under the influence of mind altering substances, or those who the Officer believes may be a threat to themselves or others.
11. Without an extension granted by the Chief of University Police, any weapons left in storage longer than one year will be subject to removal through the University Police Lost or Found Property procedures. After one year and ninety days, any weapons left in storage will be submitted to the State of Montana Crime Lab for destruction/disposal.
12. **NO WEAPONS OR AMMUNITION ARE ALLOWED IN THE RESIDENCE HALLS FOR ANY REASON.**
13. Weapons may not be cleaned or maintained on Montana State University Billings campus property.
14. No ammunition will be allowed in the armory.

**I have read, understand, and agree to obey the aforementioned rules and policies of the Montana State University Billings Police Department's Weapons Storage Contract. Failure to adhere to this firearm policy or contract will result in forfeiting the ability to use the armory, along with student conduct code violations and/or criminal charges being filed against me.**

**Firearm Transfer Statement:**

I \_\_\_\_\_, a resident of the State of \_\_\_\_\_, transfer custody of the firearm(s) described on page two of this document swear or affirm that the information I have provided is true and correct to the best of my knowledge and belief.

I certify that I am not prohibited by any Federal, State or local laws from possessing or owning firearms. I certify the firearm(s) listed are legal, that I am the legal owner and or agent of these/this firearm(s) and authorize transfer to Montana State University Billings Police.

Owner's Signature	Date/Time	Officer's Signature	Date/Time



# Montana State University Billings Police Department

1500 University Drive Billings, MT 59101



## Armory Use Application

### 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		U.S. Citizen		Yes 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
					- -
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	Yes No	Rack #	
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				
2	Manufacturer		Model		Cal./Ga.
	Serial #	Optics	Yes No	Rack #	
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				
3	Manufacturer		Model		Cal./Ga.
	Serial #	Optics	Yes No	Rack #	
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				
4	Manufacturer		Model		Cal./Ga.
	Serial #	Optics	Yes No	Rack #	

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

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#### University Police Use only

<input type="checkbox"/> NCIC on Weapon <input type="checkbox"/> Background on Applicant	Comments:
<input type="checkbox"/> Disapprove <input type="checkbox"/> Approved by:	Date:



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## Weapons Registry

Rack Number(s)

Student's Name (Last, First, MI)		Rack Number(s)							
Date/Time	Rack #	Weapon	In/Out	Student's Signature			Officer's (Int.)		