

**APPLICATION FOR AUTHORIZATION TO
DISCHARGE FIREARM(S) WITHIN
CALGARY CITY LIMITS UNDER BYLAW 20M88**

Application Date _____

Applicant Company _____

Address _____

Applicant _____

Surname

Given 1

Given 2

DOB ____/____/____
YY MM DD

Phone (Res) (____) ____ - ____ (Bus) (____) ____ - ____

Address _____

Reason for Discharge: Within range facilities of a gun club or similar organization
 Special Events
 Purposes of animal control

Location _____

Hours during which discharge is requested: _____ to _____

Reason for request/alternatives considered: _____

If for animal control, firearm to be used: (Additional firearms to be listed on separate page)

Make: _____ Model: _____ Calibre: _____

Type: _____ Action: _____ Type of Ammunition: _____

The permit holder agrees to exercise all due care and caution in relation to the handling and discharge of firearms and ammunition. Applicant accepts all responsibility for any damage and/or injuries occurring during the exercise of this authorization.

Applicant's Signature _____ Date: _____

FOR POLICE USE ONLY

Is inspection required: Yes No

Completed: Yes No

Forwarded to support: Yes No

Date: _____

Approved:

Rejected:

Signature _____

Date: _____