

SIMULATED WEAPON USE REQUEST

This form is required for written permission to possess and utilize a Simulated Weapon or Firearm for any Steinhardt department event (e.g., play, film production, acting recital, in-class performance, etc.).

Requestor Information

First Name: _____ Last Name: _____ NYU ID#: _____
 Phone: _____ Fax: _____ Email: _____
 Department: _____ Today's Date: _____

Event Details

Title of Event: _____ Type of Event: _____

Days & Times of Use:

*Rehearsals** dates: _____ through _____ times: _____ to _____ location: _____

*Performances** dates: _____ through _____ times: _____ to _____ location: _____

**If necessary, attach a complete schedule.*

Simulated Weapons

Qty	Description	List Source (dept stock, rental supplier, etc.)

Attach description & images of Simulated Weapons to be used.

NOTE: "Under no circumstances may a student bring his or her own Simulated Weapon to campus. Students are limited to using Simulated Weapons supplied by their [department]..."

Describe how items transferred from storage to user or use location:

_____ *Attach additional information on details of transfer—who supervises, how transferred, etc.*

Storage Location during use: _____

Names of all who have access to this location: _____

Person(s) responsible for use and/or storage during use:

First Name: _____ Last Name: _____ NYU ID#: _____

Phone: _____ Fax: _____ Email: _____

Attach list of cast and crew members who may also have access to or use the Simulated Weapon(s).

SUBMIT THIS FORM TO Randy Susevich, Safety Specialist – Fax 212.995.3474 or Email: rs188@nyu.edu

Department Approval (dept. staff/faculty):
 _____ (signature)
 _____ (print name)
 for _____ (Department)

Steinhardt Approval:
 _____ (signature)
 _____ (print name)
 for Steinhardt School of Culture, Education, and Human
 Development – Office of Administration and Finance