

**STAFF PERSONAL WEAPONS DECLARATION**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

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**ALL OCCUPANTS OF RESERVATION QUARTERS ARE REQUIRED TO COMPLETE THIS FORM.**

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**1. WEAPONS DECLARATION**

I certify that I do not have any personal weapon(s) stored in reservation housing.

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(Printed name, title, date, and written signature of staff)

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**2. STORAGE REQUEST / INVENTORY**

I request that the following weapons, identified by manufacturer, model, caliber, and serial number, be stored in the institution armory.

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**3. ACKNOWLEDGMENT OF STAFF DECLARATION OR APPROVAL TO STORE IN ARMORY**

I acknowledge that staff identified in item 1 above has certified that they do not have weapons in reservation quarters. Personal weapons enumerated in item 2, if any, are approved for storage in the institution armory.

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(Printed name, date, and written signature of the Captain)

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Original- Captain; Copy - Staff; Copy - Armory