



Prop Weapon Registration Form

() Request approved
() Request denied

Wentworth Institute of Technology
Police Department
550 Huntington Ave
Boston, MA 02115

tel: 617-989-4400
fax: 617-989-4185

Date: _____

Legal Name (First Middle Last): _____

Telephone: _____ Email: _____

Wentworth ID#: _____ Type of Weapon: _____

I, _____ (print name), do hereby request permission to display a dangerous weapon on Wentworth Institute of Technology property for the purpose of:

The display/demonstration will take place on _____ from the hours of _____ to _____ and will be located at _____. I understand that the following safety precautions will take place prior to the display or demonstration of the dangerous weapons.

1. The weapon must be carried in a lockable carrying case.
2. Ammunition is not permitted on site.
3. WITPD must inspect weapon prior to being brought onto campus.
4. Only the person requesting authorization may handle the dangerous weapon.
5. A sign shall be placed in the area indicating that a dangerous weapon is being displayed. A copy of the approved registration must be furnished upon request.

Signature Certification: Under penalties of perjury, I certify I have examined all the information provided for my application and to the best of my knowledge, it is true, correct, and complete.

Signature: _____ Date: _____

REQUESTS MUST BE DROPPED OFF IN PERSON AT THE WENTWORTH POLICE DISPATCH WINDOW FOR FOWARDING TO THE CHIEF'S OFFICE.

Requests will be processed within 10 business days of receipt of the request.

OFFICE USE ONLY

Records checked by Officer: _____ Date: _____

Chief's Signature: _____ Date: _____

Entered into the system by: _____ Date: _____