Request for 30.06 Signage

This form must be completed and submitted to the Blinn College Police Department before a 30.06 Notice can be posted to prohibit licensed carry.

Requestor:
Name: __________________________________________________________________
Campus/Department: _______________________________________________________
Email address: __________________________________________________________________

Please complete the appropriate section according to your request.

Submit a separate form for each room or area requested.

Assigned offices for which the Chancellor has granted approval to prohibit licensed carry.
Campus _________________________________________________________________
Building _________________________________________________________________
Room Number ____________________________________________________________
Person Assigned to Office _________________________________________________
Permanent Sign ______
Temporary Sign ______
Time of Event Qualifying for 30.06 Signage _________________________________

Special Instructions/Information
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Other Events and Programs for which the Chancellor has granted approval to prohibit licensed carry.
Campus _________________________________________________________________
Building _________________________________________________________________
Room Number ____________________________________________________________
Permanent Sign ______
Temporary Sign ______
Time of Event Qualifying for 30.06 Signage _________________________________

Special Instructions/Information
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Gun-free designated areas as authorized in Blinn College Board policy CHF (LOCAL).

Campus _________________________________________________________________

Building _________________________________________________________________

Room Number ____________________________________________________________

Permanent Sign ________

Temporary Sign ________  Time of Event Qualifying for 30.06 Signage ________________

Special Instructions/Information ____________________________________________________________________________________

Requestor Signature: ______________________________________________________

Date: ______________________

Type of Documentation Submitted: _______________________________________

For Use by the Blinn College Police Department:

Request Received Date: __________________

Authorization Verified By: ____________________ Date: ________________________

Individual Responsible for Securing and Posting Necessary Signage: _________________

Permanent Signage:

Date Posted ________________________

Temporary Signage:

Date/Time Posted: ___________________   Date/Time Removed: _________________