



Operations Department Firearm Information

Company Name: _____

No	Serial #	Make	Type	Calibre	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Security Company General Manager

Date

FOR OFFICIAL USE ONLY

Verified by: _____
Executive Director

Date