

# Agency Firearm Use Acknowledgment Form

Evolution Training Solutions, LLC

## Agency Firearm Use Acknowledgment

*(Required for Use of Agency-Issued Sig Sauer P320)*

Officer/Participant Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Agency Contact Person/Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FIREARM INFORMATION

Make: Sig Sauer

Serial Number: \_\_\_\_\_

Holster Type/Model: \_\_\_\_\_

Model: P320

Caliber: \_\_\_\_\_

Retention Level: \_\_\_\_\_

### FIREARM CONDITION CERTIFICATION

By signing below, the agency certifies the following:

1. The above-listed firearm is agency-issued to the officer/participant named above.
2. The firearm has undergone a complete safety inspection within the past 12 months by a Sig Sauer Certified P320 Armorer.
3. To the best of the agency's knowledge, the firearm is not currently subject to any active manufacturer recalls or safety service bulletins issued by Sig Sauer Inc.
4. The firearm is in safe, serviceable condition and authorized for operational and training use by the sponsoring agency.

### AGENCY ACKNOWLEDGMENT

In addition, the sponsoring agency affirms:

1. The officer has been formally qualified by the agency to carry and deploy this firearm in the course of duty.
2. The agency is aware of publicized litigation or safety concerns involving the Sig Sauer P320 platform and has determined the firearm is safe and appropriate for use.
3. The agency understands Evolution Training Solutions, LLC (ETS) makes no representations regarding the design, safety, or reliability of any specific firearm platform.
4. The agency agrees to assume full responsibility and liability for any incident, injury, or damage resulting from the use or malfunction of the agency-issued firearm during training.
5. ETS staff reserves the right to inspect, approve, or reject any firearm brought into the training environment.

## **Agency Firearm Use Acknowledgment Form**

### **AUTHORIZED AGENCY REPRESENTATIVE**

**Printed Name:** \_\_\_\_\_

**Title/Rank:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return completed form to ETS prior to course start.

Failure to submit this acknowledgment may result in the officer being denied participation with the specified firearm.