Alberta Government

Weapons Discharge Permit Application

District Office: ______________________________ **Date of Application:** ____________________

PART 1 (to be completed with Applicant)

Name ____WIN___________________________

Address ____

Postal Code / Zip Code____________ Telephone __________DOB: _______/ _______/ _________
Yr. Mo. Day

Has applicant previously applied for this permit in Alberta? ☐ YES ☐ NO

If a previous application was submitted was it approved? ☐ YES ☐ NO

I hereby certify that the information I have provided above is true:

Signature of Applicant: _______________________________Date:_____________

***PART 2** (to be completed by licence administrator)* ***Office Location:*__________________**

Applicant has provided supporting documentation from a Physician, Occupational Therapist or Physiotherapist outlining nature of medical condition.

☐ YES ☐ NO

Nature of condition
☐ Permanent
Medically certified that individual's condition is permanent in nature and will not improve

Approved By:_________________________________Date:_____________________________

Signature: ____

Comments/Notes: ____

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March 2018