



ARKANSAS STATE POLICE DISCHARGE OF FIREARM REPORT

Effective Date
5-2019

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

DATE OF INCIDENT: _____

Employee Credential Number

NAME OF CREDENTIAL OR COMMISSION HOLDER INVOLVED IN THE INCIDENT:

Last First MI

NAME OF BUSINESS/COMPANY: _____

BUSINESS/ COMPANY PHONE: (____) _____ CONTACT PERSON: _____

NAME OF LOCATION INCIDENT OCCURRED: _____

INCIDENT PHYSICAL LOCATION ADDRESS:

Street/P.O. Box City County State/ZIP

PLEASE PROVIDE A DETAILED ACCOUNT OF THE INCIDENT BELOW:

WEAPON FIRED DURING INCIDENT:

Make _____ Model _____ Caliber _____

Credential or Commission Holder Signature

Date

Manager Signature

Date