				() Request denied	
OF MARSHER	Pepper Spray	y Regist	ration Form	University of Massachusetts Low Police Department 220 Pawtucket Street Lowell, MA 01854 tel: 978.934.2384 fax: 978.934.3024	
Date:					
Name (First Middle Las	t):				
Sex:			DOB:		
Height:			Weight:		
Eye Color:			Hair Color:		
Student ID#:			Drivers Lic.#:		
Home Address:					
College Address (If livin	ng on campus):				
Telephone #:		E-mail:			
Pepper Spray Manufactu	ırer:			Size (oz):	

Certain pepper spray canisters are allowed by persons 18 years of age or older for personal self-defense purposes. Pepper spray canisters must be standard form personal use size (2.5oz or smaller). Pepper spray canisters must not be in the form of a firearm or anything resembling a firearm. Only oleoresin capsicum form pepper spray is allowable in aerosol form (no gels allowed). Anyone wishing to carry pepper spray on campus must register it, in person, with the University Police prior to carrying it on their person or storing it on campus. If any information changes during the academic year you must contact the University Police with the updated information. I have read the above and understand my obligation.

Signature Certification: My signature authorizes the University of Massachusetts Lowell Police Department to run a records check to verify answers given with any government or private entity authorized to hold records. Under penalties of perjury, I certify I have examined all the information provided for my application and to the best of my knowledge, it is true, correct, and complete.

Signature:	Date:
<b>REQUESTS MUST BE DROPPED OFF IN PE</b>	RSON AT THE UNIVERSITY OF MASSACHUSETTS
LOWELL DISPATCH WINDOW FO	R FOWARDING TO THE CHIEF'S OFFICE.
Requests will be processed within	n 10 business days of receipt of the request.
OFFIC	CE USE ONLY
Records checked by Officer :	Date:

Chief's Signature: Date:

Entered into the system by:

Date:

## ) Request approved

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