

NOTIFICATION OF EMPLOYEE'S INTENT TO CARRY A CONCEALED HANDGUN

on the property of certain postsecondary institutions pursuant to [PC1061 \(2016\) amending TCA 39-17-1307](#)

Employee Name: (Last) _____ **(First)** _____ **(M/I)** _____

DOB: _____ **Employee ID #:** _____

Institution: _____ **Department/Unit:** _____

Institution Office Address (at which you teach or work):

Campus Location(s) or Office(s) (at which you teach or work):

Cell Phone: _____ **Office Phone:** _____

Email: _____

Handgun Carry Permit # _____ **Expiration:** _____

By affixing my signature below, I certify all of the following to the law enforcement agency:

- I am a full-time employee of the above named institution who is eligible to carry a handgun under Tennessee law. I am not enrolled as a student at the above named institution.
- I acknowledge that changes in my status may affect my right to carry a handgun on the property of the above named institution.
- I will notify the Metropolitan Police Department of any changes in my employment status, student status, or handgun carry permit status which may affect my ability to comply with applicable laws, ordinances or policies.
- I am making a personal choice to carry a handgun on the property of the above named institution. I am not carrying the handgun in the course and scope of my employment at the above named institution.
- I acknowledge that I may be personally liable for injuries arising from my carrying of a handgun.
- I will comply with all applicable laws, ordinances and policies when carrying a handgun, including, without limitation, complying with the policies and procedures of the above named institution.
- Specifically, I will comply with the responsibilities summarized in Summary of Campus Concealed Carry Rights and Responsibilities, of which I acknowledge that I have received a copy.
- I understand and agree that my failure to comply with applicable laws, ordinances and policies may result in criminal charges and employment related discipline against me; up to and including termination of employment.

Employee Signature

Date

Please Attach a Copy of Carry Permit and Send Completed Form to:

Office of the Chief of Police
Metropolitan Police Department
PO Box 196399
Nashville, TN 37219

or Scan and Email to: chiefofpolice@nashville.gov

or Fax to: (615) 862-7787

You Will Receive an Email Confirming Receipt of this Form.