**Department of Corrections**

DIVISION OF PRETRIAL, PROBATION & PAROLE

121 Seward Street

Juneau, AK 99801

Main: 907.269.7367

Fax: 907.269-7365

**MEMORANDUM**

**Date:** Enter date.

**To:** Jennifer Winkelman

Director

Division of Pretrial, Probation & Parole

**Thru:** Enter name.

Chief Probation Officer / Probation Officer IV

Enter DP3 office name.

Division of Pretrial, Probation & Parole

**From:** Enter name.

Probation Officer Enter rank.

Enter DP3 office name.

Division of Pretrial, Probation & Parole

**Re:** Request for Firearm Conditional Carry During Field Clearance.

Initial Extension

Director, I respectfully request that trainee PO Enter full name. be authorized to carry a firearm for the purposes of becoming field cleared as detailed in DOC P&P 401.04, DP3 Standards for Probation Officer Field Clearance.

Officer Enter last name. has met the prerequisites set out in P&P 401.04. In addition, he/she has successfully completed and qualified in a DOC approved Semi-Auto Pistol Course.

**FOR DIRECTOR USE ONLY:**

After considering the request to conditionally carry a firearm for the purposes of field clearance training, the request is hereby:

Approved for \_\_\_\_\_\_\_\_\_\_\_\_\_ days.

(Not to exceed 60 days without a request for an extension.)

Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date

Distribution:

Original: Supervisory File Copy: CPO or PO IV Copy: Supervising PO Copy: Trainee PO

DOC, Form 401.04A Page 1 of 1 REV: 11/3/21