

**BERGEN COMMUNITY COLLEGE**  
**PROP WEAPON CHAIN OF CUSTODY FORM**

Date:

Time:

<b><u>PROPERTY INFORMATION</u></b>
Property Description:
Serial/Identification Number:
Description of Property:
Condition:
<b><u>ISSUING AUTHORITY INFORMATION</u></b>
Name of Issuing Department:
Name of Authorized Issuing Employee:
Contact Person:
Contact Information [Phone, e-mail, home address]:
<b><u>RECEIVING PARTY</u></b>
Name of Student/Faculty:
Recipient Contact Information [Phone, e-mail, home address]:
Purpose and Location of Use:
Date Item to be Returned:

**TERMS AND CONDITIONS**

The recipient acknowledges receipt of the described prop weapon and assumes responsibility for its safekeeping during the loan period.

The prop weapon is to be used in accordance with and for the purpose outlined above.

Any damage, loss, or theft of the prop weapon must be immediately reported to the Issuing Authority Contact Person.

The prop weapon must be returned on or before the agreed-upon return date. Failure to do so may result in disciplinary action.

The prop weapon is not to be used in a manner that violates any laws, regulations, or Bergen Community College Policies.

The recipient agrees to fully comply with all safety guidelines provided by the issuing authority.

Recipient Name: \_\_\_\_\_

Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ISSUING AUTHORITY'S ACKNOWLEDGEMENT**

I, the undersigned, hereby acknowledge the issuance of the described prop weapon to the named recipient for the specified purpose.

Issuer's Name:

Issuer's Signature:

Date: \_\_\_\_\_