

## WARRANT OFFICER AUTHORIZATION

DATE:

Please type or print your name and extension and sign. Retain a copy for your department's files. If at any time the primary officer or an alternate officer changes, please contact our office immediately to update this information.

\*By signing this form, I have read and understand the warrant officer policy/procedures. I take responsibility for all warrants under my care and I will take necessary measures to secure these items at all times.

Unit Code(s):		
Primary Warrant Officer	(Print Name and Extension #)	
(Signature) *		
Alternate Warrant Officer #1	(Print Name and Extension #)	
(Signature) *		
Alternate Warrant Officer #2		
	(Print Name and Extension #)	
(Signature) *		
Alternative Warrant Officer #3	(Print name and Extension #)	
(Signature) *		
Alternative Warrant Officer #4	(Print name and Extension #)	
(Signature) *		
One University Drive, Camarillo, California 93012-8599 Tel: (805) 437-8810 Fax: (805) 437-8900		www.csuci.edu

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