

# Administrative Directive – AD 30 – 1 ATTACHMENT 2



Division Of  
**FINANCE &  
ADMINISTRATION**  
C H A N N E L  
I S L A N D S

## 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) \* \_\_\_\_\_

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