



Nebraska State Patrol
Nebraska Concealed Handgun Permit



Secured Handgun Receipt

Date: _____

Permit holder name (if known): _____

Permit number (if known): _____

Description of secured handgun: _____

Make: _____ Model: _____

Caliber: _____ Serial Number: _____

Location where secured: _____

Officer: _____

Badge: _____

Agency: _____

Phone number: _____

Contact _____ to make arrangements for return of weapon.