

**LESO PROGRAM LAW ENFORCEMENT AGENCY (LEA)
TRAINING AMMUNITION REQUEST**

ORI:

AGENCY NAME: DODAAC:

AGENCY PHYSICAL ADDRESS (as it appears in FEPMIS):

CITY: STATE: ZIP CODE:

AGENCY PHONE NUMBER:

AMMO PLATFORM	AMMO TYPE (Ball or Tracer)	QTY REQUESTED (# of rounds)	AMMO PLATFORM	AMMO TYPE (Ball or Tracer)	QTY REQUESTED (# of rounds)
Shotgun	12GA		9MM	BALL	
5.56MM	BALL		.22CAL	BALL	
5.56MM	TRACER		.30CAL	BALL	
7.62MM	BALL		.38CAL	BALL	
7.62MM	TRACER		.45CAL	BALL	

1. Has your LEA previously received training ammunition via the LESO Program? Yes No

Note: If yes, LESO requires all previous AMMO be expended before the anticipated delivery of new orders.

2. Does the Head of Local Federal Agency or Chief Law Enforcement Official (CLEO) certify any ammunition acquired via the LESO Program will be for training purposes only?

Yes No

3. Identify how the training ammunition will be used by the LEA:

Range qualification/practice

Other training-Please describe how training ammunition will be utilized by the LEA:

4. If approved to acquire training ammunition via the LESO Program, the LEA is responsible for all Packing, Crating, Handling (PCH), and shipping costs. The LEA will receive a cost estimate for PCH & shipping costs. If PCH and shipping costs are accepted, LEA must make timely payment before training ammunition will be authorized for shipment. Does the LEA agree to make a timely payment?

Yes No

5. Payment for training ammunition must be made using current Electronic Funds Transfer (EFT) option. Does the LEA agree to make payment utilizing EFT options? *Note: Credit Cards, Checks, or other forms of payment are NOT authorized.*

Yes No

6. Is the LEA a training facility or academy? Yes No *If yes, provide the annual average number of students:*

7. (OPTIONAL) Provide any additional information pertinent to training ammunition request to include requested ammo types not listed above should they become available, i.e., Simunition etc.

8. Please identify three LEA Points of Contact (POC) for this training ammunition request who will be available to answer phone calls or email inquiries during ammunition acquisition & shipping process.

POC #1:

First Name Last Name Official Title
 Phone Number (work) Phone Number (cell) Email Address

POC #2:

First Name Last Name Official Title
 Phone Number (work) Phone Number (cell) Email Address

POC #3:

First Name Last Name Official Title
 Phone Number (work) Phone Number (cell) Email Address

By signing this document, the Head of Local Federal Agency (Supervisor/Regional Agent in Charge/Special Agent in Charge [RAC/ SAC]) or Chief Law Enforcement Official certifies that: a) the agency listed above has the appropriate funds, license(s), safety, and operational training required to obtain training ammunition, b) they are abiding by the current version of the LESO approved Federal MOU, State Plan of Operation (SPO) and any SPO Addendum(s), c) they have a signed copy of the SPO and any SPO Addendum(s) on file, d) they will not sell or trade training ammunition acquired through the LESO Program, e) they will only use the ammunition for training purposes, f) that all information contained in this request is accurate, g) the request for training ammunition is warranted, h) the request for training ammunition has been approved/is endorsed by the agency signatory listed below, and i) they understand that submitting a request for training ammunition does not guarantee that training ammunition will be allocated/awarded to the agency. *Note: State Plan of Operation (SPO) and SPO Addendum(s) only apply to state agencies.*

**HEAD OF FEDERAL AGENCY/CHIEF
LAW ENFORCEMENT OFFICIAL:**

PRINTED NAME:

DATE:

SIGNATURE:

FEDERAL OR STATE COORDINATOR USE ONLY

By signing this application, I certify that as the Federal Coordinator, State Coordinator/State Point of Contact, I have determined that: a) the agency meets the definition of a "Law Enforcement Agency/Activity", b) all information contained in this application is valid and accurate, c) the LEA is abiding by the current version of the LESO approved Federal MOU, State Plan of Operation (SPO) and any SPO Addendum(s), and d) the LEA has a signed copy of the Federal MOU, SPO and any SPO Addendum(s) on file. *Note: State Plan of Operation (SPO) and SPO Addendum(s) only apply to state agencies.*

**FEDERAL COORDINATOR/DESIGNEE/
STATE COORDINATOR/STATE POC:**

PRINTED NAME:

DATE:

SIGNATURE:

LESO USE ONLY

ADDITIONAL NOTES:

OF OFFICERS:

RECEIVED AMMO PREVIOUSLY?:

YES NO

AMMUNITION SPECIALIST (SIGNATURE):

DATE:

Is agency on the Department of Justice (DOJ) Active Case List?: Yes No
 Is agency on the LESO Suspension List?: Yes No
DOJ Liaison notes:

COMPLIANCE LIAISON SPECIALIST (SIGNATURE):

DATE:

LESO OFFICIALS:

LESO BRANCH CHIEF (SIGNATURE):

DATE:

LESO DIVISION CHIEF (SIGNATURE):

DATE: