

**LAW ENFORCEMENT AGENCY (LEA)  
AIRCRAFT REQUEST**

**ORI:**

**DODAAC:**

**AGENCY NAME:**

**AGENCY POC:**

**AGENCY PHYSICAL ADDRESS (as it appears in FEPMIS):**

**CITY:**

**STATE:**

**ZIP:**

**EMAIL:**

**PHONE:**

**FAX:**

PLEASE IDENTIFY TYPE OF AIRCRAFT BEING REQUESTED					
<b>ROTARY</b>	<b>OH-58</b>	<b>OH-6</b>	<b>UH1H</b>	<b>UH1L</b>	<b>UH1N</b>
Flyable Quantity					
Non-Flyable Quantity					
<b>FIXED</b>	<b>C12</b>	<b>C172</b>	<b>C182</b>	If something other than the marked/stated aircraft becomes available, would you like to be offered it? <span style="float: right;">YES</span>	
Flyable Quantity					
Non-Flyable Quantity					
<b>OTHER (State type)</b>					
Quantity					

**The requested property is for use by the signing law enforcement agency.**

**Indicate the applicable law enforcement purposes below:**

Disaster-Related Emergency Preparedness

Counter-Drug

Counter-Terrorism

Border Security

Highway Surveillance

Search/Rescue

Active Shooter

SWAT

By signing this document, the Chief Law Enforcement Official or Head of Local Federal Agency (Supervisor/Regional Agent in Charge/Special Agent in Charge [RAC/SAC]) certifies that: a) the agency listed above has the appropriate funds, license(s), safety, and operational training required to operate and maintain the requested aircraft, b) that the agency is abiding by the current version of the LESO approved State Plan of Operation (SPO) and any SPO Addendum(s), c) that the agency has a signed copy of the SPO and any SPO Addendum(s) on file, d) the agency certifies that all information contained above is accurate, e) the request for aircraft is warranted, f) authorization of the relevant local governing body or authority has been received, g) the agency has a secure storage facility for the property to prevent theft and/or vandalism, and h) the request for aircraft has been approved/is endorsed by the agency signatory listed below.

**CHIEF LAW ENFORCEMENT OFFICIAL  
OR HEAD OF LOCAL FEDERAL  
AGENCY (SUPERVISOR/RAC/SAC):**

**PRINTED NAME**

**SIGNATURE**

**DATE:**

**STATE OR FEDERAL COORDINATOR USE ONLY**

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

**STATE OR FEDERAL COORDINATOR:**

**PRINTED NAME**

**SIGNATURE**

**DATE:**

**LESO USE ONLY**

By signing this document, you certify that you have verified the requesting agency a) is not suspended, b) does not exceed the required allocation limits, c) the Chief Law Enforcement Official listed in the property accounting system matches the signature on the request form, d) does not have overdue receipts or transfers, e) has a point of contact listed in the property accounting system, f) and all agency information on the request form matches what is listed in the property accounting system.

**WAIT LIST APPROVAL**

**TIME OF ISSUE**

**AIRCRAFT SPECIALIST**

**DATE:**

**AIRCRAFT SPECIALIST**

**DATE:**

**LESO TEAM LEAD**

**DATE:**