

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

**ORI:**

**DODAAC:** \_\_\_\_\_ **AGENCY NAME:** \_\_\_\_\_  
**AIRCRAFT POC:** \_\_\_\_\_  
**ADDRESS (No P.O. Box):** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

TYPE OF AIRCRAFT AND QUANTITY OF EACH TYPE					
<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>		
Flyable Quantity					
Non-Flyable Quantity					
<b>OTHER (State type)</b>					
Quantity					

If something other than the marked/stated above aircraft become available, would you like to be offered it?      Yes      No

**\*\*\*NOTE: The Aircraft justification memorandum must accompany this request.**

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 requesting 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), c) that the agency has a signed copy of the SPO on file, d) the agency certifies that all information contained above is accurate, e) the request for aircraft (s) is warranted and f) 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:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**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 d) that the LEA has a signed copy of the SPO on file.

**STATE OR FEDERAL COORDINATOR:**      **PRINTED NAME:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**LESO USE ONLY**

**ADDITIONAL NOTES:**

# OF OFFICERS: \_\_\_\_\_

TOTAL # OF AIRCRAFT: \_\_\_\_\_

**AIRCRAFT 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:

**LESO OFFICIALS:**      **COMPLIANCE LIAISON SPECIALIST (SIGNATURE):** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**LESO BRANCH CHIEF (SIGNATURE):** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**LESO DIVISION CHIEF (SIGNATURE):** \_\_\_\_\_      **DATE:** \_\_\_\_\_