

**LAW ENFORCEMENT AGENCY (LEA)
TRAINING AMMUNITION 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 AMMUNITION BEING REQUESTED | | | | | |
|---|-------------------------------|--------------------------------|---------------|-------------------------------|--------------------------------|
| 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 | |

TRAINING AMMUNITION ALLOCATION LIMITS

Shotgun -- 50 per officer

All Other Platforms -- 200 per officer

Academies -- Authorized additional Ammo

1. Has your LEA previously received training ammunition via the LESO Program? Yes No
 1a. If yes, has all previously issued training ammunition been expended? Yes No

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. 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 and shipping costs. If PCH and shipping costs are accepted, the LEA must make timely payment before training ammunition will be authorized for shipment. Does the LEA agree to make a timely payment? Yes No

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

5. 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.*

**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

AMMUNITION SPECIALIST

DATE:

AMMUNITION SPECIALIST

DATE:

LESO TEAM LEAD