

**Law Enforcement Support Office (LESO)
Law Enforcement Agency (LEA) Ammunition Request**

Agency Name: _____ **DODAAC:** _____
Address [where the ammo is to be shipped (No P.O. Box)]: _____
City: _____ **State:** _____ **Zip Code:** _____
Agency Ammunition POC: _____ **Work Phone:** _____
E-Mail: _____ **Mobile (Optional):** _____

******NOTE: An Ammunition Justification Memorandum and requested quantities (spreadsheet) must accompany this request.**

The Chief Law Enforcement Official/Head of Local Federal Agency, by signing, certifies that the requesting agency is interested in receiving ammunition through the LESO Program. Is also aware their agency is not guaranteed to receive ammunition. The requesting agency will not sell or trade ammunition acquired through the LESO Program, and will only use the ammunition for training purposes. This agency certifies that all information contained in this request is accurate and the request for ammunition is warranted.

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

PRINTED NAME _____ DATE _____

SIGNATURE _____

The State Coordinator, State Point of Contact, Federal Coordinator, or Designee by signing, certifies that all information contained above is accurate and the request for ammunition is warranted and has been approved.

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

PRINTED NAME _____ DATE _____

SIGNATURE _____

***** **LESO USE ONLY** *****

This agency is not on the Department of Justice (DOJ) Active Cases List or the LESO Suspension List:

COMPLIANCE LIAISON SPECIALIST:

PRINTED NAME _____ DATE _____

SIGNATURE _____

**LESO
OFFICIALS:**

AMMUNITION SPECIALIST
PRINTED NAME

PROGRAM MANAGER PRINTED
NAME

ISSUE DIVISION CHIEF
SIGNATURE

AMMUNITION SPECIALIST
SIGNATURE

PROGRAM MANAGER
SIGNATURE

ISSUE DIVISION CHIEF
SIGNATURE

DATE

DATE

DATE

LESO NOTES:

OFFICER #: _____ **RECEIVED AMMO PREVIOUSLY: YES** **NO**

DISAPPROVED BY LESO (REASON): _____