DEFENSE LOGISTICS AGENCY



THE NATION'S LOGISTICS COMBAT SUPPORT AGENCY

Application for Participation



LESO requires an Application for Participation be submitted to the LESO via email from the SC or SPOC. No US Mail applications.

The Application must be signed by the current Chief Law Enforcement Officer (CLEO), or authorized official.

- Application for Participation Version November 2022.
- Any additional supporting documentation that may be required for the LESO to properly vet an agency. Examples, not limited to:
 - Provide a dated and signed letter from governing body on an official letterhead stating Acting/Interim CLEO name and effective date.
 - Institutes of Higher Education (IHE) are required to submit a letter from the Board of Governors, or equivalent, authorizing the LEA to participate in the LESO Program and should be submitted with the application.

Application - Section 1





Section 1

Completed by the LEA.

Note:

Must have at least one RTD Screener, if only CLEO then must have CLEO listed as a screener.

DEFENSE LOGISTICS AGENCY DISPOSITION SERVICES 74 WASHINGTON AVENUE NORTH BATTLE CREEK, MICHIGAN 49037-3092 Law Enforcement Support Office (LESO) Application for Participation / Authorized Screeners Lett						CLEAR FORM	
SECT	(This form is for State/Local Law Enforcement Agencies (LEA) only) *Indicates Required Fields						
*Age	ency Name:			Originating Ager	ncy Identifier (OR	1) #:(if applicable)	
*Age	ency Physical Address:			_	*City:		
*Sta	ite: *Zip Code:	*NCIC P.O. Box or	Address (if different than above i.e., ter	minal location)			
*Pho	one #:	*Email:		Note: E	mail is needed for automated :	system notifications.	
						ccess to act as an authorized "RTD " into all screener fields not used.	
	*Official Title / Book		API-us No		*Lock None		
*#1	*Official Title / Rank		*First Name		*Last Name		
_	*Email			*Phone Number	PO	DC (Aircraft/Small Arms/Vehicle)	
#2	*Official Title / Rank		*First Name		*Last Name		
""	Official file / Rafik		riist Name		Last Name		
_	*Email			*Phone Number	PO	OC (Aircraft/Small Arms/Vehicle)	
#3	*Official Title / Rank		*First Name		*Last Name		
_	*Email			*Phone Number	PO	OC (Aircraft/Small Arms/Vehicle)	
#4	*Official Title / Rank		*First Name		*Last Name		
	*Email			*Phone Number	PO	DC (Aircraft/Small Arms/Vehicle)	

Provide
Originating
Agency Identifier
(ORI) number.

Agencies that do not have an ORI number MUST go through the LESO vetting process and provide substantiating records as to why the agency does not have one.

Application – Section 2





Section 2
Completed by
the CLEO or
Acting or
Interim.

Note: Two of the three boxes must be checked for the application to be approved.

Digital or wet signatures are allowed or accepted.

SECTION 2:		
	RESERVED FOR LAW ENFORCEMENT AG	ENCY USE ONLY
2 2 2 2	The LESO Program defines this as a Governmental agovernmental agovernmental agovernment office and whose compensated Law Enforcement office	gency/activity whose primary function is the enforcement of ers have the powers of arrest and apprehension.
ontained in this application is v perticipant information if the fo changes, c) RTD Screener additi	he definition of a "Law Enforcement Agency/Activity" a alid and accurate. I understand that I must provide my llowing information changes: a) Chief Law Enforcement ons/deletions, d) that my agency is abiding by the curre e) that my agency has a signed copy of the SPO and any	State Coordinator an application to update my agency Official (CLEO) changes, b) Agency physical address int version of the LESO approved State Plan of Operation (SPO)
*(Check only one): In my official please prov	this document as the CLEO of this law enforcement al position or as Acting/Interim, I am authorized to si ide appropriate documentation (i.e., current departs tion that provides such signature authority to the inc	ign documents on behalf of the CLEO for this agency. If checked, ment policy, agency memorandum or other suitable
the relevant local governing body of property, the supervision of such us provides annual training to relevan	r authority, that my agency has adopted publically e, and the evaluation of the effectiveness of such u t personnel on the maintenance, sustainment, and	for all controlled property, which states; With the authorization of available protocols for the appropriate use of controlled se, including auditing and accountability policies; and that it appropriate use of controlled property. I certify under penalty of judicial actions or prosecution under 18 USC § 1001.
*TITLE	*PRINTED FIRST NAME:	*PRINTED LAST NAME:
*EMAIL	*SIGNATURE	*DATE







RESERVED FOR STATE COORDINATORS OFFICE 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" as described in Section 2, 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.

	PRINTED NAME FIRST & LAST	*SIGNATURE	*DATE

Section 3

Completed by the SC/SPOC (with signing authority).

Note: Application must be signed, dated, and submitted within 30 days of the CLEOs signature otherwise the application will be denied.

Application – Section 4





Section 4

Completed by the LESO Customer Support Office.

NOTICE FOR DLA DISPOSITION SERVICES PERSONNEL: Regulatory guidance outlining Screener Identification and Authorization must be accomplished in accordance with DOD 4160.21-M, Volume 3, Enclosure 5, Section 3 (k). In accordance with the aforementioned reference, the LESO Program authorizes the individuals identified in Section 1 of this form to screen excess property at your facilities as authorized participants in the LESO Program. This authorized screener letter supersedes all previously issued screener letters for this Law Enforcement Agency/Activity and is valid only on or after the date signed by authorized LESO signatory. Only two individuals authorized to screen per visit; however, additional personnel may assist receiving material previously screened and approved for transfer.						
*Screener letter is valid one year from this date. Note: After one year from the LESO signatory date, the screener letter is no longer valid. LEAs may request a new screener letter through their SC/SPOC.]	*SIGNATURE				
	Page 2 of 2	Version: November 2022				

Note:

- Current application form November 2022.
- Once approved, the LESO Customer Support Office will add the agency's assigned DODAAC (Department of Defense Activity Address Code), current date, and provide any notes.
- If the application is not approved, the respective SC/SPOC will be notified via email by the LESO.



The LEA shall:

- Ensure that all information on the application is correct and all required fields are completed in Section 1 and Section 2.
- Once the LEA has confirmed all information in Sections 1 and 2 are correct, they should then email the signed application, SPO, and SPO Addendum to their respective SC/SPOC.

The SC/SPOC shall:

- Review the entire application to ensure all required fields are completed in Section 1 and Section 2.
- Once the SC/SPOC has reviewed all the information on the LEA's application, they will sign the application, SPO and SPO Addendum.
- SC/SPOC will keep/file the SPO and SPO Addendum and email the application with supporting documentation to: <u>LESO@DLA.MIL</u>.

Application Notes Continued



- At least one Reutilization, Transfer and Disposal (RTD) screener is required.
- Screeners must be employed by the LEA.
- No Mayors, Fire Chiefs, or City employees.
- Ensure screeners provide their official title/rank, first name, last name, email address, and phone number.
- Full legal name must be used on the application as shown on driver's license. No initials or nicknames.
- Email addresses cannot be generic, i.e., police@pd.gov.

