

**LAW ENFORCEMENT AGENCY (LEA)  
ARMORED VEHICLE REQUEST**

**ORI:**

**DODAAC:**

**AGENCY NAME:**

**ARMORED VEHICLE POC:**

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

**CITY:**

**STATE:**

**ZIP:**

**EMAIL:**

**PHONE:**

**FAX:**

	PLEASE IDENTIFY TYPE OF ARMORED VEHICLE BEING REQUESTED			
	MRAP	PEACEKEEPER	UP-ARMORED HMMWV (UAH)	OTHER TYPE OF VEHICLE REQUESTED? (please identify type):
QTY REQUESTED:				

1. Please thoroughly explain the intended use and impact the resource will have upon your jurisdiction and/or neighboring jurisdiction support to other agencies (examples may include SWAT, active shooter, barricaded suspect, emergency response, critical incident, hostage rescue, natural disaster response, homeland security, or counter-terrorism). List additional information as needed to explain the intended use of the resource.

2. Is the requesting agency located within an office of National Drug Control Policy designated High Intensity Drug Trafficking Area (HIDTA)? If yes, please describe.

3. Is the requesting agency involved by mutual agreement with multi-agency associations/task forces of a counter-drug/counter-terrorism/border security nature?

4. State the population within the requesting agencies jurisdiction and describe the geographical size of the area of responsibility.

5. Describe the type of facility that will be used to store and secure the resource.

6. Provide estimated usage/mission requirements for the requested armored vehicles.

7. *(Only applicable for Law Enforcement Agencies [LEAs] requesting MRAPs)* LEAs requesting or receiving Mine Resistant Ambush Protected (MRAP) vehicles are responsible for all costs associated with the demilitarization preparation (DEMIL Prep) prior to turn-in of the vehicle. Prior to returning the MRAP back to a DLA Disposition Services Field Activity location, the LESO will provide instructions that specify the DEMIL Prep requirements for each MRAP variant. By acknowledging below, the LEA understands that there will be DEMIL Prep requirements, and accepts responsibility for all costs and DEMIL Prep at the end of life-cycle that may be associated with returning the MRAP. Costs may include (but are not limited to) the removal of the MRAP spall liner, fire suppression system, and armored panels.

Yes, my LEA acknowledges and accepts the costs associated with MRAP DEMIL Prep.

No, my LEA does not acknowledge or accept the cost associated with MRAP DEMIL Prep.

Not applicable-my LEA is not requesting an MRAP.

8. (OPTIONAL) Provide any additional information pertinent to armored vehicle 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 agency listed above has the appropriate funds, license (s), safety, and operational training required to operate and maintain the requested vehicle, 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 vehicle(s) is warranted and f) the request for vehicle (s) 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 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**

**DATE:**

**STATE OR FEDERAL COORDINATOR:**

**SIGNATURE**

**LESO USE ONLY**

**ADDITIONAL NOTES:**

**# OF OFFICERS:**

**TOTAL # OF  
ARMORED  
VEHICLES:**

**TOTAL # OF  
UAHs /  
HMMWVs**

**TACTICAL VEHICLE SPECIALIST (SIGNATURE)**

**DATE:**

Is agency on the Department of Justice (DOJ) Active Case List?: Yes

No

DOJ  
Liaison  
notes:

Is agency on the LESO Suspension List?: Yes

No

**LESO OFFICIALS:**

**COMPLIANCE LIAISON SPECIALIST (SIGNATURE)**

**DATE:**

**LESO BRANCH CHIEF (SIGNATURE)**

**DATE:**

**LESO DIVISION CHIEF (SIGNATURE)**

**DATE:**