

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

ORI:

DODAAC: _____ **AGENCY NAME:** _____
ARMORED VEHICLE POC: _____
ADDRESS (No P.O. Box): _____
CITY: _____ **STATE:** _____
ZIP: _____ **EMAIL:** _____
PHONE: _____ **FAX:** _____

TYPE OF ARMORED VEHICLE AND QUANTITY OF EACH			
	MRAP	PEACEKEEPER	UP-ARMORED HMMWV (UAH)
Quantity:			
Other (State the type of Armored Vehicle requested)			
Quantity:			

******NOTE: The Armored Vehicle 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 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), 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 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 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
ARMORED
VEHICLES:

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:** _____