

**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 the requesting agency listed above has the appropriate funds, safety and operational training required to operate and maintain the requested vehicle. This agency certifies that all information contained above is accurate and the request for vehicle (s) is warranted and has been approved.

CHIEF LAW ENFORCEMENT OFFICIAL
OR HEAD OF LOCAL FEDERAL
AGENCY (SUPERVISOR/RAC/SAC):

PRINTED NAME

SIGNATURE

DATE:

UTATE OR HGF GTCN COORDINATOR USE ONLY

STATE OR FEDERAL COORDINATOR:

PRINTED NAME

SIGNATURE

DATE:

LESO USE ONLY

LESO OFFICIALS:

VEHICLE SPECIALIST (SIGNATURE)

LESO PROGRAM MANAGER (SIGNATURE)

LESO DIVISION CHIEF (SIGNATURE)

DATE:

DATE:

DATE:

LESO NOTES:

OF OFFICERS: _____ # OF ARMORED VEHICLES: _____

COMPLIANCE LIAISON USE ONLY: (DOJ REVIEW) LEA IS NOT SUSPENDED: _____ INITIALS & DATE VERIFIED: _____