

**LAW ENFORCEMENT AGENCY (LEA) EXECUTIVE ORDER (EO)
CONTROLLED VEHICLE REQUEST**

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

TYPE OF ATV	MRAP 4 WHEELED VEHICLE	MRAP 6 WHEELED VEHICLE	HMMWV
Quantity			
Other (State Type)			
Quantity			
If something other than the marked/stated above item becomes available, would you like to be offered it?		Yes	No

******NOTE:** The Armored/Tactical Vehicle justification memorandum must accompany this request.

The Chief Law Enforcement Official/Head of Federal Agency (Local Field Office), by signing, certifies that the requesting agency listed above has the appropriate funds; training requirements and equipment to operate and maintain the requested EO controlled vehicles. It is also understood that this agency will not sell, trade, or cannibalize any tactical vehicles acquired through the 1033 Program. This agency certifies that all information contained above is accurate and the request for EO controlled vehicle(s) is warranted and has been approved.

CHIEF LAW ENFORCEMENT OFFICIAL/: _____ **DATE:** _____
HEAD OF FEDERAL AGENCY **PRINTED NAME**

SIGNATURE

The State Coordinator or designee, by signing, certifies that the agency has provided documentation indicating approval from the appropriate Civilian Governing Body. They also certify that all information contained above is accurate and the request for controlled vehicles is warranted and has been approved.

STATE COORDINATOR/DESIGNEE: _____ **DATE:** _____
(NOT REQUIRED FOR FEDERAL) **PRINTED NAME**

SIGNATURE

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

LESO _____ **DATE:** _____
OFFICIAL: PRINTED NAME (VEHICLE LEAD) **PROGRAM MANAGER (SIGNATURE)**
 _____ **DATE:** _____
SIGNATURE **CUSTOMER MANAGEMENT**
DIVISION CHIEF (SIGNATURE)

DATE LEA WAS ADDED TO THE NATIONAL PRIORITY LISTING: _____

LESO NOTES (# OF OFFICERS, # OF EO CONTROLLED VEHICLES): _____

ALL REQUIRED
DOCUMENTS RECEIVED: REQUEST FORM: _____ **JUSTIFICATION LETTER:** _____ **DEMIL PREP:** _____

SERIAL #: _____ **DISAPPROVED BY LESO (REASON):** _____