

**LAW ENFORCEMENT AGENCY (LEA)
SMALL ARMS REQUEST**

ORI:

DODAAC:

AGENCY NAME:

AGENCY POC:

AGENCY PHYSICAL ADDRESS (as it appears in FEPMIS):

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

FAX:

PLEASE IDENTIFY TYPE & QTY OF SMALL ARMS BEING REQUESTED							
	M16 RIFLE (5.56MM)	M14 RIFLE (7.62)	SHOTGUN	PISTOL (Automatic)		PISTOL (Revolver)	Other platform requested? (please identify type):
				Glock	M1911		
QTY REQUESTED:							

The requested property is for use by the signing law enforcement agency.

Indicate the applicable law enforcement purposes below:

Disaster-Related Emergency Preparedness

Counter-Drug

Counter-Terrorism

Border Security

Barricaded Suspect

Hostage Rescue

Active Shooter

SWAT

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 small arm(s), 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 small arms is warranted, f) authorization of the relevant local governing body or authority has been received, and g) the request for small arms has been approved/is endorsed by the agency signatory listed below.

The requesting agency will maintain two levels of security used to lock the small arms at all times (while issued and/or while being stored) to prevent theft and/or loss

The requesting agency utilizes an acceptable custody receipt, as required in the State Plan of Operation, to maintain proper accountability

The requesting agency understands no permanent modifications are authorized to be made to the small arms

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

PRINTED NAME

SIGNATURE

DATE:

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.

STATE OR FEDERAL COORDINATOR:

PRINTED NAME

SIGNATURE

DATE:

LESO USE ONLY

By signing this document, you certify that you have verified the requesting agency a) is not suspended, b) does not exceed the required allocation limits, c) the Chief Law Enforcement Official listed in the property accounting system matches the signature on the request form, d) does not have overdue receipts or transfers, e) has a point of contact listed in the property accounting system, f) and all agency information on the request form matches what is listed in the property accounting system.

WAIT LIST APPROVAL

TIME OF ISSUE

SMALL ARMS SPECIALIST

DATE:

SMALL ARMS SPECIALIST

DATE:

LESO TEAM LEAD

DATE: