

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

ORI:

DODAAC:

AGENCY NAME:

SMALL ARMS 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:						

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, first responder, 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? If yes, please describe.

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

5. LESO Program requires that small arms that are not carried on an officer's person or in the officer's immediate physical vicinity be secured using "two levels of physical security". Two levels of physical security, meaning two distinct lockable barriers, each specifically designed to render the small arms inaccessible and unusable to unauthorized persons. Lockable barriers meeting this description may be either manual or electronic. Please describe the two levels of physical security used by your agency in each of these scenarios. **Note-Each response to the two levels of physical security must specifically state how the small arms are locked or how they are under lock. Locked must be in the response.*

5.a. Please describe the two levels of physical security used to lock the small arms when the small arms are stored within the LEA building/armory, etc.

5.b. Please describe the two levels of physical security used to lock the small arms when the small arms are issued to an officer during shift/patrol.

5.c. Please describe the two levels of physical security used to lock the small arms when the officer has possession of the small arms off duty.

6. Provide estimated usage/mission requirements for the requested small arms.

7. Describe the agency policies and procedures in place to maintain proper accountability. **Note-small arms that are issued to officers must have a documented chain of custody with the minimum required elements of Agency Name, Officer First and Last Name, Item Name, Serial Number, QTY of item issued, Officer printed Name, Officer signature and Date issued to Officer. The LESO Program has created a template called an Equipment Custody Receipt (ECR), contact your State Coordinator if you would like a copy of the ECR template for your use. LEAs may utilize their own form/version of a chain of custody, so long as it contains the required elements that have been identified above.*

8. (OPTIONAL) Provide any additional information pertinent to the small arms 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 small arms, 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, and f) the request for small arms has been approved/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
SMALL ARMS:

SMALL ARMS 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: