

LAW ENFORCEMENT AGENCY (LEA)

SMALL ARMS REQUEST

ORI:

DODAAC: _____ **AGENCY NAME:** _____

SMALL ARMS POC:

ADDRESS (NO P.O. BOX):

CITY: _____ **STATE:** _____

ZIP: _____ **EMAIL:** _____

PHONE: _____ **FAX:** _____

PLEASE IDENTIFY TYPE & QTY OF SMALL ARMS BEING REQUESTED						
	M16 RIFLE (5.56MM) (Ex. M16, M16A1, M16A2)	M14 RIFLE (7.62MM)	SHOTGUN (Ex. 1200, M1912, M870, M162)	PISTOL (automatic) (Ex. Glock, M1911, .38 Special)	Pistol (Revolver) (Ex. .38 Special)	Noise Suppressor
QTY REQUESTED:						
<i>Other platform requested? (please identify type):</i>					QTY REQUESTED:	

Note-The small arms 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 small arms, 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 small arm (s) is warranted and f) the request for small arm(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.

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
Is agency on the LESO Suspension List?: Yes No
DOJ Liaison notes:

LESO OFFICIALS:

COMPLIANCE LIAISON SPECIALIST (SIGNATURE):

DATE:

LESO BRANCH CHIEF (SIGNATURE):

DATE:

LESO DIVISION CHIEF (SIGNATURE):

DATE: