

**LAW ENFORCEMENT AGENCY (LEA)
ARMORED VEHICLE REQUEST**

ORI:

DODAAC:

AGENCY NAME:

AGENCY POC:

AGENCY PHYSICAL ADDRESS (as it appears in FEPMIS):

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

FAX:

PLEASE IDENTIFY TYPE OF ARMORED VEHICLE BEING REQUESTED				
	MRAP	PEACEKEEPER	UP-ARMORED HMMWV (UAH)	OTHER TYPE OF VEHICLE REQUESTED? (please identify type):
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

MRAPs Only -- 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 they understand there will be demilitarization preparation requirements and accept responsibility for all costs and demilitarization preparation at the end of life-cycle cost associated with the turn-in of MRAPs. This may include, but is not limited to, the removal of the Spall Liner, and Fire Suppression System.

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 vehicle, 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 vehicle(s) is warranted, f) authorization of the relevant local governing body or authority has been received, g) the agency has a secure storage facility for the property to prevent theft and/or vandalism, and h) the request for vehicle(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

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

TACTICAL VEHICLE SPECIALIST

DATE:

TACTICAL VEHICLE SPECIALIST

DATE:

LESO TEAM LEAD

DATE: