

**LAW ENFORCEMENT AGENCY (LEA)  
WEAPON REQUEST**

REQUESTING AGENCY ID: \_\_\_\_\_

REQUESTING AGENCY: \_\_\_\_\_

ADDRESS (No P.O. Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LEA USE		LESO USE ONLY				
TYPE OF WEAPON	QUANTITY REQUESTED	PREVIOUSLY ISSUED QTY	LIST NUMBER	FULL TIME	PART TIME	QUANTITY APPROVED

JUSTIFICATION:

The Chief Executive Official or Head of Agency (Local Field Office) read and agrees to the following (INITIALS REQUIRED):

- \_\_\_\_\_ Not Applicable for Federal Agencies: Read and understands the terms and conditions applicable to weapon transfers as detailed in the Memorandum of Agreement between the Defense Logistics Agency and the Governor appointed State Coordinator and the State Plan of Action. (Contact applicable State Coordinator for copy of agreement)
- \_\_\_\_\_ Ability to maintain, operate, finance, and properly secure the requested weapons.
- \_\_\_\_\_ Familiarity with the Bureau of Alcohol, Tobacco, and Firearms (ATF) regulations governing the registration of the requested weapons. (ATF 10)
- \_\_\_\_\_ Agency is not authorized to sell, trade, cannibalize for parts, or demilitarize weapons acquired through the 1033 Program

The Chief Executive Official/Head of Agency (Local Field Office) and the State Coordinator, by signing, certifies that all information contained above is valid and accurate.

**CHIEF EXECUTIVE OFFICIAL/:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**HEAD OF LOCAL AGENCY** PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**STATE COORDINATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(NOT REQUIRED FOR FEDERAL)** PRINTED NAME

\_\_\_\_\_  
SIGNATURE