

**LAW ENFORCEMENT AGENCY (LEA)  
WEAPON TURN-IN**

RETURNING AGENCY ID: \_\_\_\_\_

RETURNING AGENCY: \_\_\_\_\_

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

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

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

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

| LEA USE        |               | LESO USE ONLY      |
|----------------|---------------|--------------------|
| TYPE OF WEAPON | SERIAL NUMBER | REQUISITION NUMBER |
|                |               |                    |
|                |               |                    |
|                |               |                    |
|                |               |                    |

**FOR LARGE QUANTITY TURN-INS, A SPREADSHEET CONTAINING THE SERIAL NUMBERS MAY BE CREATED AND SUBMITTED IN ADDITION TO THE WEAPON TURN-IN.**

**REASON FOR RETURN:**

The Chief Executive Official and the State Coordinator, by signing, certifies that all information contained above is valid and accurate.

**CHIEF EXECUTIVE OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**STATE COORDINATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

---

**LESO USE ONLY**

**LESO OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE