LAW ENFORCEMENT AGENCY (LEA) APPLICATION FOR PARTICIPATION

Send Form

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* This form must be updated and resubmitted within 30 days of any changes as they occur.

AGENCY: _____ DATE: (MM/DD/YYYY) _____

ADDRESS (No P.O. Box): _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

* By signing this application, the Chief Executive Official or Head of Agency (Local Field Office) certifies that their compensated officers have the powers of arrest and apprehension.

NUMBER OF SWORN OFFICERS

FULL-TIME: _____ PART-TIME: _____ RESERVE: _____

SCREENER(S)/POC(S), WEAPONS POC & AIRCRAFT POC MUST BE AUTHORIZED IN WRITING BY THE GOVERNOR APPOINTED STATE COORDINATOR

SCREENER/POC #1 _____

SCREENER/POC #2 _____

SCREENER/POC #3 _____

SCREENER/POC #4 _____

WEAPONS POC _____

AIRCRAFT POC _____

Inventory Check

Does the Agency currently have any Equipment from the 1208/1033 Program: ☐ YES ☐ NO

WEAPONS: ☐ YES ☐ NO AIRCRAFT: ☐ YES ☐ NO APCs: ☐ YES ☐ NO

HMMWV: ☐ YES ☐ NO WATERCRAFT: ☐ YES ☐ NO VEHICLES: ☐ YES ☐ NO

* By signing this application, the Chief Executive Official or Head of Agency (Local Field Office) is aware of LESO property currently in the possession of their department or agency.

* Upon acceptance into the 1033 Program, I understand that I have 30 days to familiarize myself with the State Plan of Operation and all 1033 Program guidance.

STATE & LOCAL AGENCIES

CHIEF EXECUTIVE OFFICIAL:

PRINTED NAME

SIGNATURE

STATE COORDINATOR:

PRINTED NAME

SIGNATURE

FEDERAL AGENCIES

HEAD OF AGENCY:
(LOCAL FIELD OFFICE)

PRINTED NAME

SIGNATURE