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LAW ENFORCEMENT AGENCY (LEA) WEAPON TRANSFER FORM

TRANSFERRING AGENCY: _____ DATE: _____

TRANSFERRING AGENCY ID: _____

ADDRESS (No P.O. Box): _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

WEAPONS POC: _____

CHIEF EXECUTIVE OFFICIAL/HEAD OF AGENCY (LOCAL FIELD AGENCY)

_____

RECEIVING AGENCY: _____ DATE: _____

RECEIVING AGENCY ID: _____

ADDRESS (No P.O. Box): _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

WEAPONS POC: _____

CHIEF EXECUTIVE OFFICIAL/HEAD OF AGENCY (LOCAL FIELD AGENCY)

_____

TYP OF WEAPON: _____ QTY of weapon: _____

REQUISITION NUMBER: W52H09 _____

SERIAL NUMBER(S): _____

- NOTE: A spreadsheet of the serial numbers may be established and attached to this form prior to submission.

The undersigned verifies that all serial numbers for this transfer have been inventoried and are accurate

_____

TRANSFERING AGENCY AUTHORIZED WEAPONS POINT OF CONTACT

_____

RECEIVING AGENCY AUTHORIZED WEAPONS POINT OF CONTACT

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.

STATE & LOCAL AGENCIES

CHIEF EXECUTIVE OFFICIAL:
(Releasing Agency)

_____
PRINTED NAME

_____
SIGNATURE

CHIEF EXECUTIVE OFFICIAL:
(Receiving Agency)

_____
PRINTED NAME

_____
SIGNATURE

STATE COORDINATOR:
(Not required for Federal)

_____
PRINTED NAME

_____
SIGNATURE

LESO USE ONLY

APPROVED: _____ DISAPPROVED: _____

REASON FOR DISAPPROVAL:

_____

_____

_____

_____

_____

FILE NUMBER: _____

LESO HEADQUARTERS ID: _____

LESO Agent:

_____
PRINTED NAME

_____
SIGNATURE