

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

DODAAC: _____ AGENCY NAME: _____
 ARMORED VEHICLE POC: _____
 ADDRESS (No P.O. Box): _____
 CITY: _____ STATE: _____
 ZIP: _____ EMAIL: _____
 PHONE: _____ FAX: _____

TYPE OF ARMORED VEHICLE AND QUANTITY OF EACH				
	MRAP	PEACEKEEPER	UP-ARMORED HMMWV (UAH)	TRACKED VEHICLE
Quantity:				
Other (State type of vehicle requested)				
Quantity:				
If something other than the marked/stated above item becomes available, would you like to be offered it? (please circle)			Yes	No

NOTE: *The Armored Vehicle justification memorandum must accompany this request.

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 the requesting agency listed above has the appropriate funds, safety and operational training required to operate and maintain the requested vehicle. This agency certifies that all information contained above is accurate and the request for vehicle (s) is warranted and has been approved.

CHIEF LAW ENFORCEMENT OFFICIAL
OR HEAD OF LOCAL FEDERAL
AGENCY (SUPERVISOR/RAC/SAC):

PRINTED NAME _____ DATE: _____
 SIGNATURE _____

UTATE OR HGF GTCN COORDINATOR USE ONLY

STATE OR FEDERAL COORDINATOR:

PRINTED NAME _____ DATE: _____
 SIGNATURE _____

LESO USE ONLY

LESO OFFICIALS:

VEHICLE SPECIALIST (SIGNATURE) _____ DATE: _____
 LESO PROGRAM MANAGER (SIGNATURE) _____ DATE: _____
 CUSTOMER MGT DIVISION CHIEF (SIGNATURE) _____ DATE: _____

LESONOTES:

OF OFFICERS: _____ # OF ARMORED VEHICLES: _____
 ALL REQUIRED DOCUMENTS RECEIVED: REQUEST FORM: _____ JUSTIFICATION LETTER: _____ DEMIL PREP: _____
 COMPLIANCE LIAISON USE ONLY: (DOJ REVIEW) LEA IS NOT SUSPENDED: _____ INITIALS & DATE VERIFIED: _____
 SERIAL #: _____ DISAPPROVED BY LESO (REASON): _____