

**LAW ENFORCEMENT AGENCY (LEA)  
SMALL ARMS REQUEST**

DODAAC: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_  
 SMALL ARMS POC: \_\_\_\_\_  
 ADDRESS (No P.O. Box): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF SMALL ARMS REQUESTED AND QUANTITY OF EACH TYPE						
	M16 (M16, A1, A2)	M14	PISTOL (glock, .45, .38)	REVOLVER (stub nose or no)	SHOTGUN (1200, M1912, M870, Model 162)	SUPPRESSOR
Quantity:						
<b>OTHER (State type)</b>						
Quantity:						

\*\*\*\***NOTE:** The Small Arms 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 small arms. This agency certifies that all information contained above is accurate and the request for small arms is warranted and has been approved.

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

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE:

**STATE OR FEDERAL COORDINATOR USE ONLY**

STATE OR FEDERAL COORDINATOR:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE:

**LESO USE ONLY**

LESO OFFICIALS:

\_\_\_\_\_  
SMALL ARMS SPECIALIST (SIGNATURE)

\_\_\_\_\_  
LESO PROGRAM MANAGER (SIGNATURE)

\_\_\_\_\_  
CUSTOMER MGT DIVISION CHIEF (SIGNATURE)

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
DATE:

LESO NOTES:

DATE ADDED TO NATIONAL WAITING LIST: \_\_\_\_\_ # OF OFFICERS: \_\_\_\_\_ # OF SMALL ARMS : \_\_\_\_\_

ALL REQUIRED DOCUMENTS RECEIVED: REQUEST FORM: \_\_\_\_\_ JUSTIFICATION LETTER: \_\_\_\_\_

COMPLIANCE LIAISON USE ONLY: (DOJ REVIEW) LEA IS NOT SUSPENDED: \_\_\_\_\_ INITIALS & DATE VERIFIED: \_\_\_\_\_