



New York State Division of Criminal Justice Services  
1033 Federal Excess Property Program  
Office of Public Safety  
80 South Swan Street, Albany, New York 12210

## AIRCRAFT PARTS REQUEST JUSTIFICATION FORM

(Must be faxed or e-mailed with electronic signature or scanned copy to the State Coordinator simultaneously when parts request is made.  
Any delay in submitting this form may result in the loss of the requested parts. FAX # is 518-485-7639)

### PART A: NYLEA INFORMATION

#### New York Law Enforcement Agency (NYLEA):

Address: \_\_\_\_\_

Telephone # (work): \_\_\_\_\_ Telephone # (cell): \_\_\_\_\_

Chief Executive Officer (CEO): \_\_\_\_\_

Telephone # (work): \_\_\_\_\_ Telephone # (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Property Accountability Officer: \_\_\_\_\_

Telephone # (work): \_\_\_\_\_ Telephone # (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Aircraft/Parts Point of Contact (APOC) (FT sworn, compensated police officer or employee with expertise in field of aviation): \_\_\_\_\_

Telephone # (work): \_\_\_\_\_ Telephone # (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

NYLEA Jurisdiction: \_\_\_\_\_ Square miles: \_\_\_\_\_

Population: \_\_\_\_\_

Number of sworn, compensated Police Officers: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Aircraft jurisdiction flying zones: (Name(s) of county, City, Town, Village):

\_\_\_\_\_  
\_\_\_\_\_

### PART B: AIRCRAFT PARTS REQUEST

- The State Coordinator reserves the right to limit the number, type, and frequency of all parts ordered by a NYLEA, especially high value parts in short supply, to ensure equitable distribution of aircraft parts statewide. These parts may include, but are not limited to, aircraft engines, gearboxes, transmissions, rotor masts, rotor blades, propellers, tail rotors, landing gear and high value avionics and accessories.
- Ordering of parts should only be for anticipated usage in a twelve (12) month period for aircraft in the NYLEAs possession. Parts must be obtained for use in non-certificated public use aircraft, NOT for privately owned airplanes/rotorcraft, or airplanes/rotorcraft belonging to another agency, a non-law enforcement agency or commercial operation.
- The Chief Pilot will be responsible for ensuring all training, flight operations, maintenance and other operations are conducted in accordance with the standards, and requirements of Section 6.2 of the State Plan of Operation, and all applicable FAA standards of airworthiness, registration, maintenance, operations and training requirements.

**The NYLEA currently operates the following Aircraft including 1208/1033 Program Aircraft:**

[illegible]

**NOTE: Copy and attach this list if more space is needed.**

**Total NYLEA Aircraft Flight Hours operated in last twelve (12) months: Helicopter: \_\_\_\_\_ Airplane: \_\_\_\_\_**

### 1033 Program Aircraft Parts Requested for:

Aircraft Type (Helicopter or Airplane): \_\_\_\_\_ Model: \_\_\_\_\_ Tail #: \_\_\_\_\_

Aircraft Serial #: \_\_\_\_\_ Serial # Changed (Yes/No): \_\_\_\_\_ Tail # Changed (Yes/No): \_\_\_\_\_

Total Flight Hours this Aircraft operated in last twelve (12) months: \_\_\_\_\_ Flight Hours

\* List requested parts in same order as they appear on paper Form 103 or on DRMS web based Automation System.

[illegible]

**1033 Program Aircraft Parts Requested for:**

Aircraft Type (Helicopter or Airplane): \_\_\_\_\_ Model: \_\_\_\_\_ Tail #: \_\_\_\_\_

Aircraft Serial #: \_\_\_\_\_ Serial # Changed (Yes/No): \_\_\_\_ Tail # Changed (Yes/No): \_\_\_\_

Total Flight Hours this Aircraft operated in last twelve (12) months: \_\_\_\_\_ Flight Hours

\* List requested parts in same order as they appear on paper Form 103 or on DRMS web based Automation System.

National Stock #	Quantity	Unit Price	Total Price	Item Nomenclature/Description	Part for immediate or future use?

**1033 Program Aircraft Parts Requested for:**

Aircraft Type (Helicopter or Airplane): \_\_\_\_\_ Model: \_\_\_\_\_ Tail #: \_\_\_\_\_

Aircraft Serial #: \_\_\_\_\_ Serial # Changed (Yes/No): \_\_\_\_ Tail # Changed (Yes/No): \_\_\_\_

Total Flight Hours this Aircraft operated in last twelve (12) months: \_\_\_\_\_ Flight Hours

\* List requested parts in same order as they appear on paper Form 103 or on DRMS web based Automation System.

National Stock #	Quantity	Unit Price	Total Price	Item Nomenclature/Description	Part for immediate or future use?

**1033 Program Aircraft Parts Requested for:**

Aircraft Type (Helicopter or Airplane): \_\_\_\_\_ Model: \_\_\_\_\_ Tail #: \_\_\_\_\_

Aircraft Serial #: \_\_\_\_\_ Serial # Changed (Yes/No): \_\_\_\_ Tail # Changed (Yes/No): \_\_\_\_

Total Flight Hours this Aircraft operated in last twelve (12) months: \_\_\_\_\_ Flight Hours

\* List requested parts in same order as they appear on paper Form 103 or on DRMS web based Automation System.

National Stock #	Quantity	Unit Price	Total Price	Item Nomenclature/Description	Part for immediate or future use?

**1033 Program Aircraft Parts Requested for:**

Aircraft Type (Helicopter or Airplane): \_\_\_\_\_ Model: \_\_\_\_\_ Tail #: \_\_\_\_\_  
Aircraft Serial #: \_\_\_\_\_ Serial # Changed (Yes/No): \_\_\_\_\_ Tail # Changed (Yes/No): \_\_\_\_\_  
Total Flight Hours this Aircraft operated in last twelve (12) months: \_\_\_\_\_ Flight Hours

\* List requested parts in same order as they appear on paper Form 103 or on DRMS web based Automation System.

National Stock #	Quantity	Unit Price	Total Price	Item Nomenclature/Description	Part for immediate or future use?

**PART C: AIRCRAFT PERSONNEL**

**The following compensated employee(s)/contractor(s) meet the minimum requirements as specified in Section 6.2 of the New York State Plan of Operation:**

**Chief Pilot for Helicopters (must be a FT compensated employee):** \_\_\_\_\_

ID# for Commercial, Instrument or ATP Certificate with Appropriate Rating:

\_\_\_\_\_  
Telephone # (work): \_\_\_\_\_ Telephone # (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Chief Pilot for Airplanes (must be a FT compensated employee):** \_\_\_\_\_

ID# for Commercial, Instrument or ATP Certificate with Appropriate Rating:

\_\_\_\_\_  
Telephone # (work): \_\_\_\_\_ Telephone # (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Pilot in Command (Helicopters):**

(List Name and ID# for Commercial or ATP Certificate)

**Pilot in Command (Airplanes):**

(List Name and ID# for Commercial or ATP Certificate)

**Co-Pilots** (If Applicable for Aircraft Type):

(List Name and do they meet requirements of Operator's Certificate, answer Yes or No)

**Mechanics with valid Airframe and Powerplant Rating (Helicopters):**

(List Name and ID# for FAA Mechanic Certificate with A & P Ratings)

**Mechanics with valid Airframe and Powerplant Rating (Airplanes):**

(List Name and ID# for FAA Mechanic Certificate with A & P Ratings)

**Contract Mechanics with valid Airframe and Powerplant Rating who will work on 1208/1033 NYLEA Helicopters or install 1208/1033 parts on NYLEA Helicopters.**

(List Name and ID# for FAA Mechanic Certificate with A & P Ratings)

**Contract Mechanics with valid Airframe and Powerplant Rating who will work on 1208/1033 NYLEA Airplanes or install 1208/1033 parts on NYLEA Airplanes.**

(List Name and ID# for FAA Mechanic Certificate with A & P Ratings)

**Contractor(s) for aircraft maintenance (FAA Part 145 Certified Repair Station(s) if used):**

(List Name, address, contact information and Repair Station FAA Part 145 Certificate # for each “contractor”)

- Copies of all FAA Certificates and/or Licenses specific to the personnel or contractors who will fly or maintain the aircraft **will be provided to the State Coordinator as part of this request.**
  - \* If current and valid copies of FAA Certificates and/or Licenses for all personnel or contractors flying or maintaining the aircraft are already on file with the State Coordinator, further copies do not have to be provided. However, it is the responsibility of the Chief Executive Officer and Chief Pilot(s) to ensure that the most current Certificates and/or Licenses are on file with the State.

**PART D: ATTESTATION:**

As Chief Executive Officer of the \_\_\_\_\_ (NYLEA), I certify that the information provided on this form is true, complete and correct and that I agree to comply with the requirements, terms and conditions of the 1033 Program Plan of Operation including Section 6.2 (Flyable Aircraft), all applicable FAA standards of airworthiness, registration, and all applicable State Coordinator and Law Enforcement Support Office (LESO) requirements.

\_\_\_\_\_  
CEO Name

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

As Chief Pilot (Helicopter) of the \_\_\_\_\_ (NYLEA), I certify that the information provided on this form is true, complete and correct and that I agree to comply with the requirements, terms and conditions of the 1033 Program Plan of Operation including Section 6.2 (Flyable Aircraft), all applicable FAA standards of airworthiness, registration, and all applicable State Coordinator and Law Enforcement Support Office (LESO) requirements.

\_\_\_\_\_  
Chief Pilot Name (Helicopter)

\_\_\_\_\_  
Chief Pilot Signature

\_\_\_\_\_  
Date

As Chief Pilot (Airplane) of the \_\_\_\_\_ (NYLEA), I certify that the information provided on this form is true, complete and correct and that I agree to comply with the requirements, terms and conditions of the 1033 Program Plan of Operation including Section 6.2 (Flyable Aircraft), all applicable FAA standards of airworthiness, registration, and all applicable State Coordinator and Law Enforcement Support Office (LESO) requirements.

\_\_\_\_\_  
Chief Pilot Name (Airplane)

\_\_\_\_\_  
Chief Pilot Signature

\_\_\_\_\_  
Date

As Aircraft/Aircraft Parts Accountability Point of Contact of the \_\_\_\_\_ (NYLEA), I certify that the information provided on this form is true, complete and correct and that I agree to comply with the requirements, terms and conditions of the 1033 Program Plan of Operation including Section 6.2 (Flyable Aircraft), all applicable FAA standards of airworthiness, registration, and all applicable State Coordinator and Law Enforcement Support Office (LESO) requirements.

\_\_\_\_\_  
APOC Name

\_\_\_\_\_  
APOC Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**FOR USE BY STATE COORDINATOR**

**NYLEA:** \_\_\_\_\_

**Request approved: YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**If no, explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\* A line drawn through the "quantity" section of an aircraft part request and a new quantity written in its place with SC/SPOC initials indicates the revised approved quantity of that individual part.

\_\_\_\_\_  
State Coordinator Name

\_\_\_\_\_  
State Coordinator Signature

\_\_\_\_\_  
Date