



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
AGENCY UPDATE FORM

Law Enforcement Agency: _____
Street Address (No P.O. Box): _____
City: _____ Zip + 4: _____ County: _____
Telephone #: _____ FAX#: _____ E-mail: _____

Agency Chief Executive Officer Information:

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

Property Accountability Officer *(Must be a compensated sworn officer):*

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

Weapons Point of Contact *(Must be a full-time compensated sworn officer):*

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

Aircraft and Aircraft Parts Point of Contact *(Must be a full-time compensated sworn officer or full-time employee with expertise in aviation):*

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

Authorized Screener *(Must have a minimum of 2 screeners with a maximum of 4, and must be compensated sworn officers):*

Screener # 1:

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

Screener # 2:

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

Screener # 3:

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

Screener # 4:

Name: _____ Rank: _____ Office #: _____
Cell #: _____ E-mail: _____ FAX #: _____

CEO Print Name

CEO Signature

Date