LAW ENFORCEMENT AGENCY (LEA)
ARMORED TACTICAL VEHICLE REQUEST

SCREENER ID: _____ AGENCY NAME:_____

POC:_____

ADDRESS (No P.O. Box):_____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

1. Type of Armored Tactical Vehicle Requested (if a specific type is required):

   _____

2. Number of Armored Vehicles Requested: _____
3. Geographic Responsibility (Square Miles Covered):_____
4. Is the LEA in a High Intensity Drug Trafficking Area (HIDTA): Yes ◯ No ◯

   Verify at: http://www.whitehousedrugpolicy.gov/hidta
5. Is the LEA willing to accept an Armored Tactical Vehicle that is: Tracked ◯ Wheeled ◯ Either ◯
6. Number/Type of 1208/1033 Armored Tactical Vehicles Currently on Inventory:

   _____
7. SpecialConsiderations:

   _____

   _____

   _____

The Chief Executive Official/Head of Agency (Local Field Office), by signing, certifies that the requesting agency listed above has the appropriate funds, personnel, and equipment to operate and maintain the requested vehicle. It is also understood that this agency will not sell, trade, or cannibalize for parts, armored vehicles acquired through the 1033 Program. They certify that all information contained above is accurate and the request for an armored tactical vehicle is warranted and has been approved

CHIEF EXECUTIVE OFFICIAL/: _____ **DATE:**_____
HEAD OF LOCAL AGENCY
PRINTED NAME

_____
SIGNATURE

STATE COORDINATOR: _____ **DATE:**_____
(NOT REQUIRED FOR FEDERAL)
PRINTED NAME

_____
SIGNATURE

LESO USE ONLY

LESO OFFICIAL: _____
PRINTED NAME

_____
SIGNATURE

DATE LEA WAS ADDED TO THE NATIONAL PRIORITY LIST: _____

LESO NOTES: _____

DISAPPROVED BY LESO: ☐ REASON: _____