



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

NYS UNIVERSITY POLICE
PROPERTY REQUEST JUSTIFICATION FORM
Request must be faxed to the State Coordinator
Fax# 518-485-7639

New York Law Enforcement Agency (NYLEA): _____
Address: _____ Telephone #: _____ FAX #: _____
Jurisdiction: _____ Square miles: _____ Population: _____
Chief Executive Officer (CEO): _____
Telephone # (work): _____ Telephone # (cell): _____
Property Accountability Officer (PAO): _____
Telephone # (work): _____ Telephone # (cell): _____
Number of compensated sworn police officers: Full Time: _____ Part Time: _____

PROPERTY REQUESTED:

The ordering of Boats/Watercraft, Armored Personnel Carriers (APC), High Mobility Multi Purpose Wheeled Vehicles (HMMWV) and other types of vehicles will be limited to one per NYLEA. However, NYLEAs requiring additional quantities must articulate the need in this request. LESOs consideration for approval for this property is based on a first come/first serve basis.

- ☐ **BOATS/WATERCRAFT:** Quantity Requested: _____ Identify navigable waterway(s): _____
Size: _____ Number of Marine Patrol Officers: _____ NSN#: _____
☐ **APCs:** Quantity Requested: _____ NSN#: _____
☐ **HMMWVs:** Quantity Requested: _____ NSN#: _____
☐ **All other types of Vehicles:** Quantity Requested: _____ NSN#: _____
☐ **Night Vision Devices (NVDs):** Quantity Requested: _____ NSN#: _____
☐ **Infrared Aiming Lights/ Specialized Weapons Optics** Quantity Requested: _____ NSN#: _____

1. **The specific intended use of the property is:** (Please include specific law enforcement need and location of where item will be stored)
2. **The impact the requested property will have on the jurisdiction will be:**
3. **Additional information for request:**

I certify that I have read, understand and agree to comply with the terms and conditions outlined in the State Plan of Operation and the Memorandum of Agreements between the Defense Logistics Agency (DLA) and New York State (NYS) and NYS and my agency. I also certify that the College/University President approves of this request for any tactical vehicles including HMMWVs and Up-Armored HMMWVs.

CEO Name

CEO Signature

Date

PAO Name

PAO Signature

Date

For Use by State Coordinator

Items Approved:

- ☐ **BOATS/WATERCRAFT:** Quantity: _____
☐ **Other types of Vehicles:** Item(s): _____
☐ **Infrared Aiming Lights/Special Weapons Optics:** Quantity: _____
- ☐ **APC's:** Quantity: _____
Quantity: _____
- ☐ **HMMWV's:** Quantity: _____
☐ **NVDs:** Quantity: _____

State Coordinator (Designee) Signature : _____

Date: _____