

1033 Program Transfer Request

Date of the Request: _____

Releasing Agency:	ID:	Receiving Agency:	ID:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Releasing Agency Signature:		Receiving Agency Signature:	
		<i>The below is N/A if the transfer is within the same State or Federal Agency</i>	
State Coordinator/Federal Approval: YES NO		State Coordinator/Federal Approval: YES NO N/A	
Printed Name:		Printed Name:	
Signature:		Signature:	

The State Coordinator or Federal Chief Executive Official must review and approve the transfer request. The property may not physically move until the LEA receives approval from the LESO. This form must be signed by the Releasing LEA and State Coordinator or Federal Chief Executive Official as well as the Receiving LEA and State Coordinator or Federal Chief Executive Official (only if the property is being transferred to another State or Federal Agency).

	Item Name	NSN/Serial #	File #	DTID	Requisition Number	QTY	DEMIL Code
1							
2							
3							
4							
5							
6							

LESO Use Only

Transfer approved by LESO: YES NO

Transfer complete in LEEDS: YES NO

The Transfer was not approved due to the following: _____

LESO Coordinator: _____ Date: _____