

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

WEAPONS REQUEST/JUSTIFICATION FORM AUTOMATIC WEAPONS

(Request must be mailed or e-mailed with electronic signature)

		LEA):		_
Address:				_
Telephone #:		FAX #:		
Jurisdiction: square miles		Population:	Population:	
Jurisdiction (City(s), 7	Γown(s), Counties(s)	etc.):		
Chief Executive Offic	er (CEO):			
Telephone # (work):		Telep	Telephone # (cell):	
Property Accountabili	ty Officer (PAO):			
Telephone # (work):		Telep	Telephone # (cell):	
Weapons Point of Cor	ntact (WPOC):			
Telephone # (work):		Telep	Telephone # (cell):	
Number of compensat	ed sworn Police Offi	cers: Full Time:		
Weapons Requested:	:			
Automatic Rifles:	Quantity:	Model:	Caliber:	
Automatic Rifles:		Model:	Caliber:	
This agency currently	has 1208/1033 Progra	<u>m</u> weapons in its possession:		
Automatic Rifles:	Quantity:	Model:	Caliber:	
Automatic Rifles:	Quantity:	Model:	Caliber:	
Pistols:	Quantity:	Model:	Caliber:	
Revolvers:	Quantity:	Model:	Caliber:	
Shotguns:	Quantity:	Model:	Gauge:	
Non-automatic Rifles:	Quantity:	Model:	Caliber:	
This agency currently	has NON 1208/1033 D	rogram automatic weapons ir	its nossession:	
Automatic Rifles:				
Automatic Rifles:		Model:	Caliber:	
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The intended use of the weapon(s) is: (Please include the specific law enforcement need and location of where weapons will be stored): $\frac{1}{2}$

The weapons will have the following impact on the requesting agency's jurisdiction and that of surrounding agencies:

As Chief Executive Officer of the			(NYLEA), I acknowledge and certify:		
a.	That the requested weapons are justified for use in support of law enforcement activities for the receiving agency;				
b.	That I have read, understand and agree to comply with the terms and conditions applicable to automatic weapon transfers as detailed in the Memorandum of Agreement between the Defense Logistics Agency and the State Coordinator, Memorandum of Agreement between the State Coordinator and the NYLEA and the New York State 1033 Program Plan of Operations;				
c.	That there are hazards associated with the use of such property, which can cause damage to property and serious injury or death;				
d.	That the weapons remain the property of the DOD. Final disposition of all weapons obtained through the program must be approved by the State Coordinator and LESO prior to any action being taken by the NYLEA. Costs of shipping or repossession of the property by the U.S. Government will be borne by the NYLEA;				
e.	That to the extent permitted by law, the agency shall indemnify and hold the United States government, the New York State Division of Criminal Justice Services, the State of New York, it's officers, employees, and the people of New York harmless from any and all suits, actions, demands, or claims of any nature arising out of the possession or use of the weapons;				
f.	That the agency agrees to provide appropriate training to any person who may use the weapons;				
g.	That the agency is in compliance with the <i>Lautenberg Amendment</i> of 1996 (officially known as, Ban for Individuals Convicted of a Misdemeanor Crime of Domestic Violence' 18 U.S.C. § 922(g)(9));				
h.	That the weapons are transferred "as is" with no warranty of any kind including implied warranties, such as warranties of fitness for any purpose;				
i.	That the agency agrees to maintain, at its own expense adequate liability and property damage insurance and workman's compensation insurance to cover any such claims related to these weapons;				
j.	j. That the agency has the ability to maintain, operate, finance, properly store and insure the physical security and accountability of all requested weapons;				
k.	k. That the Agency will comply with all BATFE regulations governing the registration of the requested weapons and within seven (7) days of receiving the automatic weapon(s), the agency will submit to the BATFE, two Form 10s for each automatic weapon received. When the BATFE has returned a copy of the Form 10 to the Agency, a copy shall be provided to the State Coordinator; and				
1.	 That within 14 days of receiving automatic weapons, I will submit to LESO the LESO Serial Number Request Form and a Weapons Receipt – Verification Form to the State Coordinator. 				
	CEO Name	CEO Signature	Date		
	PAO Name	PAO Signature	Date		
*****	WPOC Name	WPOC Signature ************************************	 Date **************		
For Use by State Coordinator Weapons Approved:					
Automati Automati	, ,	Model: Model:	Caliber:Caliber:		
State Coo	rdinator (Designee) Signature	Date			