



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
NON-AUTOMATIC WEAPONS

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

New York Law Enforcement Agency (NYLEA): _____
Address: _____
Telephone #: _____ FAX #: _____
Jurisdiction: _____ square miles Population: _____
Jurisdiction (City(s), Town(s), Counties(s) etc.): _____

Chief Executive Officer (CEO): _____
Telephone # (work): _____ Telephone # (cell): _____

Property Accountability Officer (PAO): _____
Telephone # (work): _____ Telephone # (cell): _____

Weapons Point of Contact (WPOC): _____
Telephone # (work): _____ Telephone # (cell): _____

Number of compensated sworn Police Officers: Full Time: _____ Part-Time: _____

Weapons Requested:

Non-automatic Rifles:	Quantity: _____	Model: _____	Caliber: _____
Semi-automatic Rifles:	Quantity: _____	Model: _____	Caliber: _____
Pistols:	Quantity: _____	Model: _____	Caliber: _____
Revolvers:	Quantity: _____	Model: _____	Caliber: _____
Shotguns:	Quantity: _____	Model: _____	Gauge: _____

This agency currently has 1208/1033 Program 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: _____
Semi-automatic Rifles:	Quantity: _____	Model: _____	Caliber: _____

This agency currently has NON 1208/1033 Program weapons in its possession:

Pistols:	Quantity: _____	Model: _____	Caliber: _____
Revolvers:	Quantity: _____	Model: _____	Caliber: _____
Shotguns:	Quantity: _____	Model: _____	Gauge: _____
Non-automatic Rifles:	Quantity: _____	Model: _____	Caliber: _____
Semi-automatic Rifles:	Quantity: _____	Model: _____	Caliber: _____

The intended use of the weapon(s) is: (Please include the specific law enforcement need and location of where weapons will be stored):

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 non-automatic weapon transfers as detailed in the Memorandum of Agreement between the Defense Logistics Agency and the State Coordinator, as detailed in the 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, its 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 *Lautenberg Amendment* 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. That the agency has the ability to maintain, operate, finance, properly store and insure the physical security and accountability of all requested weapons; and
- k. That the agency will comply with all applicable federal Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE) regulations governing these weapons; and
- l. That within 14 days of receiving non-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:

Automatic Rifles: Quantity: _____
Automatic Rifles: Quantity: _____

Model: _____
Model: _____

Caliber: _____
Caliber: _____

State Coordinator (Designee) Signature

Date