

**MISSOURI LESO PROGRAM  
LAW ENFORCEMENT AGENCY (LEA)  
AIRCRAFT APPLICATION INSTRUCTIONS**

Aircraft is available to qualified LEAs who are current members of the LESO Program. Missouri LEAs interested in obtaining an aircraft from the LESO Program must complete and submit the following:

1. "Law Enforcement Agency (LEA) Aircraft Request" form, which must be signed by the LEA Chief Law Enforcement Official (i.e. Chief, Sheriff, Director, Colonel, Marshal).
2. "Aircraft Justification" memo, which must be signed by the LEA Chief Law Enforcement Official (i.e. Chief, Sheriff, Director, Marshal, Colonel, Marshal) and the Local Governing Executive Official (i.e. Mayor, City Administrator, County Executive, County Commissioner, Director). **The enclosed form is fillable for your convenience, but once completed, the returned document must be on agency letterhead. Forms without letterhead will be returned.**
3. Copy of Training Plan/Safety Standard. As a condition of receiving such property, LEAs must provide the operator(s) of the aircraft with qualification training regarding the use of the requested aircraft. The training must, at a minimum, meet all the ground and flight training requirements listed in the Federal Aviation Regulations (FAR) for the type of aircraft requested. These requirements include aeronautical knowledge areas and flight maneuvers for the type of aircraft requested. **A copy of the applicable training plan, standard operating procedure (SOP), etc. must be provided at the time of application.**

Once completed, the three (3) required documents, which comprise the "LESO Aircraft Application", must be submitted to the Missouri LESO Program for review and approval.

Email: [MissouriLESO@dps.mo.gov](mailto:MissouriLESO@dps.mo.gov)

Fax: (573) 526-1876

Mail: MO Department of Public Safety, LESO Program, PO Box 749, 1101 Riverside Drive, Jefferson City, MO 65102

LEAs approved for aircraft will be responsible for the pick-up and transportation costs associated with acquiring such property. In addition, LEAs are required to implement a control system to prevent loss, damage, or theft of such property and establish adequate maintenance procedures to keep the property in good condition. LEAs are responsible for all maintenance, storage, and insurance costs associated with the aircraft.

LEAs must train the operator(s) of the aircraft within 6 months of obtaining the aircraft, or within 6 months of the aircraft becoming flyable if maintenance is required upon acquisition. (All operators must complete training prior to operation of the aircraft; this includes new employees hired and identified as operators.) The aircraft operator(s) must adhere to the required Federal Aviation Administration (FAA) standards. Furthermore, LEAs must provide personnel authorizing or directing the use of aircraft with enhanced scenario based training to examine, deliberate, and review the circumstances in which the aircraft should or should not be used.

Aircraft is considered controlled property. The title remains with the DoD. At the end of the aircraft's lifecycle or if the LEA no longer has a use for the item, the LEA must request a transfer/return of the aircraft from the Missouri LESO Program. For more information regarding aircraft, disposal of controlled property, cannibalism of aircraft, storage/maintenance of aircraft, etc., refer to the "Missouri LESO Program Policy and Procedures Manual" available online at <https://dps.mo.gov/dir/programs/cjle/dod.php>.

If you have questions, please contact the Missouri LESO Program staff at [MissouriLESO@dps.mo.gov](mailto:MissouriLESO@dps.mo.gov) or (573) 526-1930.

## AIRCRAFT REQUEST

DODAAC: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_

AIRCRAFT POC: \_\_\_\_\_

ADDRESS (No P.O. Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF AIRCRAFT AND QUANTITY OF EACH TYPE					
<b>ROTARY</b>	<b>OH-58</b>	<b>OH-6</b>	<b>UH1H</b>	<b>UH1L</b>	<b>UH1N</b>
Flyable Quantity					
Non-Flyable Quantity					
<b>FIXED</b>	<b>C12</b>	<b>C172</b>	<b>C182</b>		
Flyable Quantity					
Non-Flyable Quantity					
<b>OTHER (State type)</b>					
Quantity					
If something other than the marked/stated above aircraft become available, would you like to be offered it?				Yes	No

\*\*\***NOTE:** The Aircraft justification memorandum must accompany this request.

By signing this document, the Chief Law Enforcement Official or Head of Local Federal Agency (Supervisor/Regional Agent in Charge/Special Agent in Charge (RAC/SAC)), certifies that the requesting agency listed above has the appropriate funds, license (s), safety and operational training required to operate and maintain the requested aircraft. This agency certifies that all information contained above is accurate and the request for aircraft (s) is warranted and has been approved.

CHIEF LAW ENFORCEMENT OFFICIAL  
OR HEAD OF LOCAL FEDERAL  
AGENCY (SUPERVISOR/RAC/SAC):

PRINTED NAME \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## STATE OR FEDERAL COORDINATOR USE ONLY

STATE OR FEDERAL COORDINATOR:

PRINTED NAME \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## LESO USE ONLY

LESO OFFICIALS:

AIRCRAFT SPECIALIST (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

LESO PROGRAM MANAGER (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

LESO DIVISION CHIEF (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLIANCE LIAISON USE ONLY: LEA IS NOT SUSPENDED: INITIALS: \_\_\_\_\_ DATE VERIFIED: \_\_\_\_\_

AIRCRAFT SPECIALIST USE ONLY: # OF OFFICERS: \_\_\_\_\_ # OF LESO PROGRAM AIRCRAFT: \_\_\_\_\_

AIRCRAFT ALLOCATION:

To: LESO Program Manager  
DLA Disposition Services Law Enforcement Support Office (LESO)  
74 Washington Avenue North, Battle Creek, MI 49037

Subject: Aircraft Justification

1. Please thoroughly explain the intended use and impact the resource will have upon your jurisdiction and/or neighboring jurisdiction support to other agencies (examples may include SWAT, active shooter, barricaded suspect, emergency response, first responder, critical incident, hostage rescue, natural disaster rescue, border security, homeland security, counter-drug, counter-terrorism).
2. Number of full/part compensated sworn officers in the agency making the request.
3. Is the requesting agency located within an office of National Drug Control Policy designated High Intensity Drug Trafficking Area (HIDTA)?
4. Is the requesting agency involved by mutual agreement with multi-agency associations/task forces of a counter-drug/counter-terrorism/border security nature?
5. State the population within the requesting agencies jurisdiction and describe the geographical size of the area of responsibility.
6. Describe the type of facility that will be used to store and secure the resource.
7. Provide estimated usage/mission requirements for the requested aircraft.

8. List all FAA Certified Pilot Names (First, Last, Middle Initial), type of Certification (for what type of aircraft) does the Pilot hold.

9. (OPTIONAL) Provide any additional information pertinent to aircraft request.

**CHIEF LAW ENFORCEMENT  
OFFICIAL/HEAD OF LOCAL  
FEDERAL AGENCY  
(SUPERVISOR/RAC/SAC):**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE:**

**LOCAL GOVERNING  
EXECUTIVE OFFICIAL:**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE:**