



2. Is the requesting agency located within an office of National Drug Control Policy designated High Intensity Drug Trafficking Area (HIDTA)? If yes, please describe.
  
3. Is the requesting agency involved by mutual agreement with multi-agency associations/task forces of a counter-drug/counter-terrorism/border security nature?
  
4. State the population within the requesting agencies jurisdiction and describe the geographical size of the area of responsibility.
  
5. Describe the type of facility that will be used to store and secure the resource.
  
6. Provide the estimated usage/mission requirements for the requested aircraft.
  
7. List all Federal Aviation Administration (FAA) certified pilots, type of certification (for what type of aircraft) does the pilot hold.

8. (OPTIONAL) Provide any additional information pertinent to aircraft 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: a) the requesting agency listed above has the appropriate funds, license (s), safety, and operational training required to operate and maintain the requested aircraft, b) that the agency is abiding by the current version of the LESO approved State Plan of Operation (SPO) and any SPO Addendum(s), c) that the agency has a signed copy of the SPO and any SPO Addendum(s) on file, d) the agency certifies that all information contained above is accurate, e) the request for aircraft (s) is warranted and f) the request for aircraft has been approved/is endorsed by the agency signatory listed below.

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

**SIGNATURE:**

**STATE OR FEDERAL COORDINATOR USE ONLY**

By signing this application, I certify that as the State Coordinator/State Point of Contact, I have determined that: a) the agency meets the definition of a "Law Enforcement Agency/Activity", b) that all information contained in this application is valid and accurate, c) that the LEA is abiding by the current version of the LESO approved SPO and any SPO Addendum(s) and d) that the LEA has a signed copy of the SPO and any SPO Addendum(s) on file.

**STATE OR FEDERAL COORDINATOR:**      **PRINTED NAME:**      **DATE:**

**SIGNATURE:**

**LESO USE ONLY**

**ADDITIONAL NOTES:**

# OF OFFICERS:

TOTAL # OF AIRCRAFT:

**AIRCRAFT SPECIALIST (SIGNATURE):**      **DATE:**

Is agency on the Department of Justice (DOJ) Active Case List?: Yes      No      DOJ Liaison notes:  
Is agency on the LESO Suspension List?: Yes      No

**LESO OFFICIALS:**      **COMPLIANCE LIAISON SPECIALIST (SIGNATURE):**      **DATE:**

**LESO BRANCH CHIEF (SIGNATURE):**      **DATE:**

**LESO DIVISION CHIEF (SIGNATURE):**      **DATE:**