

Law Enforcement Support Office (LESO)

Instructions for completing an Application for Participation/Authorized Screeners Letter

SECTION 1

(*Indicates a required field)

The LESO will only accept applications from the State Coordinators office. DO NOT send directly to the LESO.

***ORI number:** Enter the law enforcement Originating Agency Identifier (ORI) number assigned to the agency. If the agency does not have a law enforcement ORI, please contact your State Coordinator. Law enforcement ORI numbers consist of 9 alpha/numeric characters (Ex. ME0010100). Positions 1 and 2 are alphabetical characters representing the state or country the agency is located (Ex. ME0010100).

Note-The LESO Program coordinates with DLA Office of Inspector General (OIG) for ORI number validation against the Federal Bureau of Investigation's National Crime Information Center (NCIC) data base.

***Agency name:** Enter official agency name.

***Physical address:** Enter physical address of your agency.

***NCIC P.O. box or other address:** If National Crime and Information Center (NCIC) has a P.O. box listed for the agency address, or address is different than agency physical address (i.e. the NCIC terminal location) enter it in this section.

***City:** Enter City name.

***State:** Enter two-digit state abbreviation.

***Zip code:** Enter zip code of agency address.

***Email address:** Enter agency email address (Email address is used for automated system notifications).

***Phone number:** Enter main agency phone number.

***Full-time & part-time officers:** An agency must have at least one full-time law enforcement officer to enroll in the LESO Program. Only full-time and part-time officers may receive property. Non-compensated officers are not authorized to receive property.

Full-time: The number of full-time compensated officers with arrest and apprehension authority employed when at full strength/manning.

Part-time: The number of part-time compensated officers with arrest and apprehension authority employed when at full strength/manning.

Note-Both boxes MUST be filled in. If agency does not have part-time officers, enter "N/A", "0" or line through the empty space (Ex. -----). This is ONLY acceptable in the part-time officer field.

***Reutilization, Transfer and Donation (RTD) Screener:** Individual(s) authorized to search for equipment (on behalf of the agency) that may become available to law enforcement via the LESO Program. RTD Screeners must be employees of the agency. Contractors may not conduct screening on behalf of the agency. Agencies must identify at least 1 RTD Screener.

***Official Title/Rank:** Ex. Chief, Sheriff, Investigator, Captain, Armorer, Pilot.

***First name:** Enter full first name as shown on a valid US driver's license. Initials are not acceptable.

***Last name:** Enter last name as shown on a valid US driver's license.

***Email:** Enter the RTD Screener's email address. Each user must have unique email address. Generic emails are not authorized (i.e., PDChief@pd.com).

***Phone number:** Enter the RTD Screener's phone number.

Point of Contact (POC): Enter "Aircraft", "Small Arms" or "Vehicle" for the RTD Screener if designated as such by the agency. Enter "N/A" if not applicable.

Note-Identify the number of RTD Screeners deemed necessary by the agency. Fill in empty fields with "XXXXX", black-out the field, or line through. If more than 4 RTD Screeners are necessary, submit an additional application form marked with "1 of 2", "2 of 2", etc. in the lower or upper right corner.

SECTION 2: Reserved for Law Enforcement Agency Use Only

(*Indicates a required field)

The LESO will only accept applications from the State Coordinators office. DO NOT send directly to the LESO.

***Certification statement:** This box must be checked prior to submission to the State Coordinator. Checking this box certifies your agency:

- 1) meets the definition of a law enforcement agency as defined by the LESO Program,
- 2) information contained on the application form is accurate,
- 3) agrees to update the application form if changes are made to the Chief Law Enforcement Officer (CLEO), agency address or RTD Screeners,
- 4) agency is abiding by the current version of the LESO approved State Plan of Operation (SPO) and any SPO Addendum(s),
- 5) agency has a signed copy of the SPO and any SPO Addendum(s) on file

Note-Agencies not meeting the definition of "Law Enforcement Agency" (as indicated on the application form) are unauthorized to participate in the LESO Program. Unauthorized participants include non-governmental entities such as private railroad police, private security, private academies, correctional departments/prisons, security police at private schools or colleges. Fire departments, by definition, are ineligible to participate.

***Select the statement that best applies to the individual signing Section #2 (CHECK ONLY ONE BOX):**

1. The CLEO is signing the application.

OR

2. An "Acting CLEO", "Interim CLEO" or other person with signature authority granted to their official position at the agency is signing the application.

****If this box is checked, please provide appropriate documentation (i.e., current department policy, agency memorandum or other suitable documentation that provides such signature authority to the individual holding that official position).*

***Title:** Provide official title (ex. Sheriff, Chief).

***Printed name:** Enter full name as indicated on a valid US driver's license. Initials are not acceptable.

***Signature:** Applications must be signed by the CLEO. Digital signatures are acceptable.

***Date:** Enter date of signature. Applications must be submitted to the LESO within 30 days of both the CLEO and the State Coordinators office signatures.

SECTION 3: Reserved for State Coordinators Office Use Only

(*Indicates a required field)

The LESO will only accept applications from the State Coordinators office. DO NOT send directly to the LESO.

***Printed name:** Enter full name as indicated on a valid US driver's license. Initials are not acceptable.

***Signature:** Applications must be signed by an authorized State Coordinator or State Point of Contact. Digital signatures are acceptable.

***Date:** Enter date of signature. Applications must be submitted to the LESO within 30 days of both the CLEO and the State Coordinators office signatures.



**DEFENSE LOGISTICS AGENCY
DISPOSITION SERVICES
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**Law Enforcement Support Office (LESO)
Application for Participation / Authorized Screeners Letter**

(This form is for State/Local Law Enforcement Agencies (LEA) only)

***Indicates Required Fields**

SECTION 1:

*Agency Name: _____ Originating Agency Identifier (ORI) #: (if applicable) _____
 *Agency Physical Address: _____ *City: _____
 *State: _____ *Zip Code: _____ *NCIC P.O. Box or Address (if different than above i.e., terminal location) _____
 *Phone #: _____ *Email: _____ Note: Email is needed for automated system notifications.

Agency **MUST** have at least 1 full-time officer to participate in the program. Indicate the number of compensated officers with arrest and apprehension authority. Part-time field **MUST** be filled in: N/A, 0 or - is acceptable. *Full-time: _____ *Part-time: _____

*RTD Screener - RTD Screeners **MUST** be employed by the aforementioned LEA. Individuals identified below may request access to act as an authorized "RTD Screener" on behalf of this Law Enforcement Agency. **Agency *MUST* have at least 1 RTD Screener.** Enter "XXXXX" or "N/A" into all screener fields not used.*

*#1	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

#2	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

#3	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

#4	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

#5	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

#6	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

#7	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

