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 applicable SPO Addendum(s),
5) agency has a signed copy of the SPO and any applicable 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
74 WASHINGTON AVENUE NORTH
BATTLE CREEK, MICHIGAN 49037-3092

CLEAR FORM

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.

Budgeted Officer Count

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)

SECTION 2:

RESERVED FOR LAW ENFORCEMENT AGENCY USE ONLY

Law Enforcement Agency/Activity - The LESO Program defines this as a Governmental agency/activity whose primary function is the enforcement of applicable Federal, State and Local laws and whose compensated Law Enforcement officers have the powers of arrest and apprehension.

* ☐ I certify that my agency meets the definition of a "Law Enforcement Agency/Activity" as described above. I certify that all information contained in this application is valid and accurate. I understand that I must provide my State Coordinator an application to update my agency participant information if the following information changes: a) Chief Law Enforcement Official (CLEO) changes, b) Agency physical address changes, c) RTD Screener additions/deletions, d) that my agency is abiding by the current version of the LESO approved State Plan of Operation (SPO) and any SPO Addendum(s) and e) that my agency has a signed copy of the SPO and any SPO Addendum(s) on file.

*(Check only one):

☐ I am signing this document as the CLEO of this law enforcement agency.

☐ In my official position or as Acting/Interim, I am authorized to sign documents on behalf of the CLEO for this agency. If 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).

By signing this application, I certify that my Agency will comply with U.S. Code 2576a for all controlled property, which states; With the authorization of the relevant local governing body or authority, that my agency has adopted publically available protocols for the appropriate use of controlled property, the supervision of such use, and the evaluation of the effectiveness of such use, including auditing and accountability policies; and that it provides annual training to relevant personnel on the maintenance, sustainment, and appropriate use of controlled property. I certify under penalty of perjury that the foregoing is true and correct. Making a false statement may result in judicial actions or prosecution under 18 USC § 1001.

***TITLE**	***PRINTED FIRST NAME:**	***PRINTED LAST NAME:**
***EMAIL**	***SIGNATURE**	***DATE**

SECTION 3:

RESERVED FOR STATE COORDINATORS OFFICE 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" as described in Section 2, 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 State Plan of Operation (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.

***PRINTED NAME FIRST & LAST**	***SIGNATURE**	***DATE**

SECTION 4:

RESERVED FOR LESO USE ONLY

NOTICE FOR DLA DISPOSITION SERVICES PERSONNEL: Regulatory guidance outlining Screener Identification and Authorization must be accomplished in accordance with DOD 4160.21-M, Volume 3, Enclosure 5, Section 3 (k). In accordance with the aforementioned reference, the LESO Program authorizes the individuals identified in Section 1 of this form to screen excess property at your facilities as authorized participants in the LESO Program. This authorized screener letter supersedes all previously issued screener letters for this Law Enforcement Agency/Activity and is valid only on or after the date signed by authorized LESO signatory. Only two individuals authorized to screen per visit; however, additional personnel may assist receiving material previously screened and approved for transfer.

*This agency is authorized to screen items via the LESO Program under authorized Agency DODAAC:

LESO Notes:

*Screener letter is valid one year from this date. Note: After one year from the LESO signatory date, the screener letter is no longer valid. LEAs may request a new screener letter through their SC/SPOC.	***SIGNATURE**