

☐ New  
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## LAW ENFORCEMENT AGENCY (LEA) APPLICATION FOR PARTICIPATION

**\*\*\*This application must be updated and resubmitted within 30 days of any changes\*\*\***

Federal      State      Tribal      Federal Agencies only: (Parent Affiliate i.e. DOJ): \_\_\_\_\_

2YTXXX DODAAC (Update Only): \_\_\_\_\_

AGENCY: \_\_\_\_\_

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

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

**\*\*\*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**

FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_

**SCREENER POC(s): INCLUDE EMAIL ADDRESS AND DIRECT CONTACT PHONE NUMBER IF AVAILABLE**

**\*MAIN POC: Is the Primary POC for requests and property pickup**

	NAME: LAST, FIRST	EMAIL	PHONE #
*SCREENER/MAIN POC			
SCREENER/POC #2			
SCREENER/POC #3			
SCREENER/POC #4			
WEAPON/POC			
AIRCRAFT/POC			
VEHICLE/POC			

**NOTICE:** LAW ENFORCEMENT ACTIVITIES ARE DEFINED AS: GOVERNMENTAL AGENCIES 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.

Upon acceptance into the Program, I understand that I have 30 days to familiarize myself with the State Plan of Operation and all Program guidance that is provided by the State Coordinator and that by signing, I certify that all information contained above is valid and accurate (N/A for Federal Agencies).

By signing this I/we 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.

**CHIEF LAW ENFORCEMENT OFFICIAL/:**  
**HEAD OF LOCAL AGENCY**

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

\_\_\_\_\_  
SIGNATURE

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

**STATE COORDINATOR/SPOC:**  
**(NOT REQUIRED FOR FEDERAL AGENCIES)**

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

\_\_\_\_\_  
SIGNATURE

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