



**LAW ENFORCEMENT AGENCY (LEA)
SERIAL NUMBER REQUEST FORM**

RECEIVING AGENCY: _____ DATE: _____

RECEIVING AGENCY ID: _____

ADDRESS (No P.O. Box): _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

WEAPONS POC: _____

CHIEF EXECUTIVE OFFICIAL/HEAD OF AGENCY (LOCAL FIELD AGENCY)

Upon receipt of the weapons:

- Inventory and submit the serial numbers for each weapon to the DRMS LESO using this form.
- Requisition Number: W52H09 _____
- Please submit the serial numbers no later than 2 WEEKS after the receipt of the shipment. NOTE: A spreadsheet of the serial numbers may be established and attached to this form prior to submission.

The Chief Executive Official or Head of Agency (Local Field Office) read and agrees to the following (Please Initial):

- _____ Read and understands the terms and conditions applicable to weapon transfers as detailed in the Memorandum of Agreement between the Defense Logistics Agency and the governor appointed State Coordinator (Contact applicable State Coordinator for copy of agreement).
- _____ Ability to maintain, operate, finance, and properly store the requested weapons.
- _____ Submitted ATF Form 10 registering the weapon with the Bureau of Alcohol, Tobacco, and Firearms

The undersigned verifies that all serial numbers for this shipment have been inventoried and are accurate

(Authorized Weapons Point of Contact)

The Chief Executive Official/Head of Agency (Local Field Office) and the State Coordinator, by signing, certifies that all information contained above is valid and accurate.

STATE & LOCAL AGENCIES

CHIEF EXECUTIVE OFFICIAL:

PRINTED NAME

SIGNATURE

STATE COORDINATOR:

PRINTED NAME

SIGNATURE

FEDERAL AGENCIES

HEAD OF AGENCY:
(LOCAL FIELD OFFICE)

PRINTED NAME

SIGNATURE

LESO USE ONLY

APPROVED: _____

DISAPPROVED: _____

REASON FOR DISAPPROVAL:

FILE NUMBER: _____

LESO HEADQUARTERS ID: _____

LESO Agent:

PRINTED NAME

SIGNATURE