LAW ENFORCEMENT AGENCY (LEA) TACTICAL VEHICLE SERIAL NUMBER VERIFICATION

AGENCY ID:			
ADDRESS (No P.O. Bo	ox):		
CITY:STATE:			
ZIP:	EMAIL	:	
PHONE:	FAX:		
LEA USE			LESO USE
DTID	REQUISITION NUMBER	SERIAL NUMBER	ONLY VERIFIED
Serial numbersState and LocaState Coordina	l Agencies must submit the se tors must submit the serial nur	ation NLT 30 days after receipt of rial numbers to their State Coordin	nators.
	ficial/Head of Agency (Local tained above is valid and accur	Field Office) and the State Coordinate.	nator, by signing, certify
CHIEF EXECUTIVE HEAD OF LOCAL A		PRINTED NAME	DATE:
ILLID OF LOCAL A		IMITED INSTITUTE	
		SIGNATURE	
STATE COORDINAT	OR:		DATE:
(NOT REQUIRED FO		PRINTED NAME	~~~~
		SIGNATURE	