

**LAW ENFORCEMENT AGENCY (LEA)  
WEAPON TRANSFER REQUEST  
STEP ONE**

**TRANSFERRING AGENCY ID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRANSFERRING AGENCY:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**RECEIVING AGENCY ID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECEIVING AGENCY:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

LEA USE		LESO USE ONLY				
TYPE OF WEAPON	QUANTITY REQUESTED	PREVIOUSLY ISSUED QTY	LIST NUMBER	FULL TIME	PART TIME	QUANTITY APPROVED

**SERIAL NUMBERS ARE NOT REQUIRED FOR THE INITIAL TRANSFER APPROVAL INITIAL TRANSFER APPROVAL**

**All weapon requests must be approved by both the State Coordinator and the Law Enforcement Support Office (LESO) prior to the physical movement of the weapons. Weapons will remain on the Transferring Agency's inventory until the Transfer Certification is received. INITIAL TRANSFER APPROVAL VOID AFTER 30 DAYS IF TRANSFER CERTIFICATION IS NOT RECEIVED.**

**STATE COORDINATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**LESO OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**REASON FOR DISAPPROVAL:** \_\_\_\_\_

**LAW ENFORCEMENT AGENCY (LEA)  
TRANSFER CERTIFICATION  
STEP TWO**

**TO BE COMPLETED ONCE PHYSICAL TRANSFER OF WEAPONS HAS OCCURED**

The Chief Executive Officials/Heads of Agency (Local Field Office) certify that the following weapons were transferred from

**TRANSFERRING AGENCY ID:** \_\_\_\_\_

**TRANSFERRING AGENCY:** \_\_\_\_\_

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

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

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**RECEIVING AGENCY ID:** \_\_\_\_\_

**RECEIVING AGENCY:** \_\_\_\_\_

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

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

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF WEAPON	SERIAL NUMBER

**FOR LARGE QUANTITY TRANSFERS, A SPREADSHEET CONTAINING THE SERIAL NUMBERS MAY BE CREATED AND ATTACHED TO THIS FORM.**

The Chief Executive Official of the receiving agency has read and agrees to the following (INITIALS REQUIRED):

- \_\_\_\_\_ Not Applicable for Federal Agencies: 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 and the State Plan of Action. (Contact applicable State Coordinator for copy of agreement)
- \_\_\_\_\_ Ability to maintain, operate, finance, and properly secure the requested weapons.
- \_\_\_\_\_ Familiarity with the Bureau of Alcohol, Tobacco, and Firearms (ATF) regulations governing the registration of the requested weapons. (ATF 5)
- \_\_\_\_\_ Agency is not authorized to sell, trade, cannibalize for parts, or demilitarize weapons acquired through the 1033 Program

The Chief Executive Officials/Heads of Agency (Local Field Office), by signing, certify that all information contained above is valid and accurate.

**STATE & LOCAL AGENCIES**

**CHIEF EXECUTIVE OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Transferring Agency) PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**CHIEF EXECUTIVE OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Receiving Agency) PRINTED NAME

\_\_\_\_\_  
SIGNATURE

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**LESO USE ONLY**

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

**LESO OFFICIAL:** \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE