

**LAW ENFORCEMENT AGENCY (LEA)  
APPLICATION FOR PARTICIPATION**

\*This application must be updated and resubmitted within 30 days of any changes or on an annual basis

NEW                      UPDATE                      SCREENER ID (Update Only): \_\_\_\_\_  
AGENCY: \_\_\_\_\_  
PHYSICAL ADDRESS (No P.O. Box): \_\_\_\_\_  
MAILING ADDRESS (If different than above): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**NUMBER OF COMPENSATED OFFICERS WITH ARREST AND APPREHENSION AUTHORITY**

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

**SCREENER(S) POC: MUST HAVE AT LEAST ONE**

**\*MAIN POC: Designated POC for calls and emails on 1033 Program requests and property pickup**

SCREENER/MAIN POC: \_\_\_\_\_  
SCREENER/POC #2: \_\_\_\_\_  
SCREENER/POC #3: \_\_\_\_\_  
SCREENER/POC #4: \_\_\_\_\_  
WEAPON POC (Optional): \_\_\_\_\_  
AIRCRAFT POC (Optional): \_\_\_\_\_

**INVENTORY CHECK**

Does the Agency currently have any equipment from the 1208/1033 Program?    YES                      NO

WEAPONS:    YES              NO              AIRCRAFT:              YES              NO              WATERCRAFT:    YES              NO

TACTICAL:    YES              NO              OTHER CONTROLLED:    YES              NO              DEMIL A :              YES              NO  
VEHICLES                              PROPERTY    (LESS THAN A YEAR OLD)

**\*By signing this application, the Chief Executive Official/Head of Agency (Local Field Office) is aware of 1208/1033 Property currently in the possession of their department.**

**\*Upon acceptance into the 1033 Program, I understand that I have 30 days to familiarize myself with the State Plan of Operation and all 1033 Program guidance that is provided by the State Coordinator and that by signing, I certify that all information contained above is valid and accurate.**

**CHIEF EXECUTIVE OFFICIAL/:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**HEAD OF LOCAL AGENCY**                      PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**STATE COORDINATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(NOT REQUIRED FOR FEDERAL)**                      PRINTED NAME

\_\_\_\_\_  
SIGNATURE