

**LAW ENFORCEMENT AGENCY (LEA)
ARMORED VEHICLE REQUEST**

DODAAC: _____ AGENCY NAME: The San Benito County Sheriff's Office
ARMORED VEHICLE POC: Sgt. Kelly Burbank
ADDRESS (No P.O. Box): 2301 Technology Parkway
CITY: Hollister STATE: Ca
ZIP: 95023 EMAIL: kburbank@sbcsheriff.org
PHONE: (831) 636-4080 / (831) 902-5511 FAX: (831) 636-1416

TYPE OF ARMORED VEHICLE AND QUANTITY OF EACH				
	MRAP	PEACEKEEPER	UP-ARMORED HMMWV (UAH)	TRACKED VEHICLE
Quantity:		1		
Other (State type of vehicle requested)				
Quantity:		1		
If something other than the marked/stated above item becomes available, would you like to be offered it? (please circle)			Yes	No

NOTE: *The Armored Vehicle justification memorandum must accompany this request.

By signing this document, the Chief Law Enforcement Official or Head of Local Federal Agency (Supervisor/Regional Agent in Charge/ Special Agent in Charge (RAC/SAC)), certifies that the requesting agency listed above has the appropriate funds, safety and operational training required to operate and maintain the requested vehicle. This agency certifies that all information contained above is accurate and the request for vehicle (s) is warranted and has been approved.

Darren Thompson, Sheriff

CHIEF LAW ENFORCEMENT OFFICIAL
OR HEAD OF LOCAL FEDERAL
AGENCY (SUPERVISOR/RAC/SAC):

PRINTED NAME

DATE:

SIGNATURE

STATE OR FEDERAL COORDINATOR USE ONLY

STATE OR FEDERAL COORDINATOR:

PRINTED NAME

DATE:

SIGNATURE

LESO USE ONLY

LESO OFFICIALS:

VEHICLE SPECIALIST (SIGNATURE)

DATE:

LESO PROGRAM MANAGER (SIGNATURE)

DATE:

CUSTOMER MGT DIVISION CHIEF (SIGNATURE)

DATE:

LESONOTES:

OF OFFICERS: _____ # OF ARMORED VEHICLES: _____

ALL REQUIRED DOCUMENTS RECEIVED: REQUEST FORM: _____ JUSTIFICATION LETTER: _____ DEMIL PREP: _____

COMPLIANCE LIAISON USE ONLY: (DOJ REVIEW) LEA IS NOT SUSPENDED: _____ INITIALS & DATE VERIFIED: _____

SERIAL #: _____ DISAPPROVED BY LESO (REASON): _____