

**ILLINOIS CENTRAL MANAGEMENT SERVICES
LESO PROGRAM
APPLICATION INSTRUCTIONS**

To ease the paperwork process, reduce duplication of effort, and reduce common errors, data provided on the “Contact Information” form will populate into the “LESO Application for Participation / Authorized Screeners Letter”, but Section 2 of the “LESO Application for Participation / Authorized Screeners Letter”, will require additional attention to fields that didn’t populate and/or to obtain physical or electronic signatures.

Illinois’s “LESO Program Application” is necessary for enrollment of non-participating LEAs (LEAs that have never participated in the LESO Program or LEAs previously terminated/deactivated from the LESO Program).

Illinois's "LESO Program Application" is also necessary in the event information supplied in the LESO Program Application changes during the course of participation in the LESO Program. Such changes include, but are not limited to: 1) change in LEA name, 2) change in LEA physical address or other agency information, 3) change in number of full-time or part-time officers, 4) addition, deletion, or other change in property screener and/or Armored Vehicle, Small Arms, or Aircraft Point of Contact, 5) change in Local Governing Executive Official (e.g. Mayor, City Administrator, County Executive, County Commissioner, Director), 6) change in Chief Law Enforcement Official (e.g. Chief, Sheriff, Director, Colonel, Marshal), or 7) release of a new version of the “SPO”. If information supplied in the "LESO Program Application" changes, the LEA must submit, within 30 days of the change, a revised "LESO Program Application".

Once completed, the application must be submitted via one of the following methods to the Illinois LESO Program for review and approval:

Email: rewa.a.boldrey@illinois.gov

Fax: (217) 785-6905

Mail: CMS Agency Services 1924 S. 10 1/2 Street, Springfield, IL 62703

If you have questions, contact the Illinois LESO Program staff at rewa.a.boldrey@illinois.gov or (217) 524-7241.

“Compensated” has been defined as being paid an hourly or annual salary, at a rate no less than the current hourly state minimum wage.

**ILLINOIS CENTRAL MANAGEMENT
SERVICES LESO PROGRAM APPLICATION
CONTACT INFORMATION**

Instructions: Please complete all fields. Enter N/A if the requested information does not apply.

Agency Information	
LEA ORI Number	
LESO DoDAAC (Example: 2YTXXX)	
LEA Name	
PO Box Mailing Address (If applicable)	
Physical Street Address (No PO Boxes)	
NCIC Terminal Address	
City	
Zip Code	
County	
General Agency Email	
Main Telephone Number	
Main Fax Number	
# Full-Time Sworn Officers	
# Part-Time Sworn Officers	
# Reserve Sworn Officers	
Chief Law Enforcement Official Information (e.g. Chief, Sheriff, Director, Colonel, Marshal of the LEA)	
Title/Rank	
Name (First and Last Name)	
Office Phone Number	
Cell Phone Number	
Email Address	
Local Governing Executive Official Information (e.g. Mayor, City Administrator, County Executive, County Commissioner, Director of the unit of government)	
Job Title	
Name (First and Last Name)	
Office Phone Number	
Email Address	

Authorized Property Screeners

Authorized property screeners are those persons that will have approval to access, request, and acquire property through the LESO Program on behalf of the LEA. Each LEA must have a minimum of two (2) screeners [unless the LEA only has one (1) employee.]

Property Accountability Officer (Main Point of Contact/ Screener #1)

Must be a full-time, compensated sworn officer of the law enforcement department.

Title/Rank	
First Name (as indicated on driver's license and, where applicable, in parentheses thereafter any alias, nickname, abbreviation, or common use name) [e.g. Andrew (Drew), Elizabeth (Liz), or Timothy (Tim)]	
Last Name (as indicated on driver's license)	
Office Phone Number	
Cell Phone Number	
Email Address	

Select if the individual is also a POC for a special commodity item(s):	
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Screener #2

Must be a full-time or part-time, sworn or non-sworn, compensated employee of the law enforcement department.

Title/Rank	
First Name (as indicated on driver's license and, where applicable, in parentheses thereafter any alias, nickname, abbreviation, or common use name) [e.g. Andrew (Drew), Elizabeth (Liz), or Timothy (Tim)]	
Last Name (as indicated on driver's license)	
Office Phone Number	
Cell Phone Number	
Email Address	

Select if the individual is also a POC for a special commodity item(s):	
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Screener #3

Must be a full-time or part-time, sworn or non-sworn, compensated employee of the law enforcement department.

Title/Rank	
First Name (as indicated on driver's license and, where applicable, in parentheses thereafter any alias, nickname, or common use name) [e.g. Andrew (Drew), Elizabeth (Liz), or Timothy (Tim)]	
Last Name (as indicated on driver's license)	
Office Phone Number	
Cell Phone Number	
Email Address	

Select if the individual is also a POC for a special commodity item(s):	
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Screener #4

Must be a full-time or part-time, sworn or non-sworn, compensated employee of the law enforcement department.

Title/Rank	
First Name (as indicated on driver's license and, where applicable, in parentheses thereafter any alias, nickname, abbreviation, or common use name) [e.g. Andrew (Drew), Elizabeth (Liz), or Timothy (Tim)]	
Last Name (as indicated on driver's license)	
Office Phone Number	
Cell Phone Number	
Email Address	

Select if the individual is also a POC for a special commodity item(s):	
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**DEFENSE LOGISTICS AGENCY
DISPOSITION SERVICES
74 WASHINGTON AVENUE NORTH
BATTLE CREEK, MICHIGAN 49037-3092**

**Law Enforcement Support Office (LESO)
Application for Participation / Authorized Screeners Letter**

*** Indicates Required Fields**

(This form is for State/Local Law Enforcement Agencies only)

SECTION 1:

*Originating Agency Identifier (ORI) Number *(if applicable)*

*Agency Name:

*Agency Physical Address:

*City:

*NCIC P.O. Box or address (if different than above i.e. Terminal Location):

*Phone #:

Fax #:

*State:

*Zip Code:

*Email:

Note: Email is needed for automated system notifications.

Agency MUST have at least 1 full-time officer to participate in the program. Indicate the number of compensated officers with arrest and apprehension authority. Part-time field MUST be filled in: N/A, 0 or - is acceptable.

*Full-time:

*Part-time:

RTD Screener - RTD Screeners must be employed by the aforementioned LEA. Individuals identified below may request access to act as an authorized "RTD Screener" on behalf of this Law Enforcement Agency. Agency MUST have at least 1 RTD Screener.

*#1	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)
#2	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)
#3	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)
#4	*Official Title / Rank	*First Name	*Last Name
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)

SECTION 2:

RESERVED FOR LAW ENFORCEMENT AGENCY USE ONLY

Law Enforcement Agency/Activity - The LESO Program defines this as a Governmental agency/activity whose primary function is the enforcement of applicable Federal, State and Local laws and whose compensated Law Enforcement officers have the powers of arrest and apprehension.

I certify that my agency meets the definition of a "Law Enforcement Agency/Activity" as described above. I certify that all information contained in this application is valid and accurate. I understand that I must provide my State Coordinator an application to update my agency participant information if the following information changes: 1. Chief Law Enforcement Official (CLEO) changes, 2. Agency physical address changes or 3. RTD Screener additions/deletions.

*(Check only one): I am signing this document as the CLEO of this law enforcement agency.
In my official position or as Acting/Interim, I am authorized to sign documents on behalf of the CLEO for this agency. If checked, please provide current department policy or Memorandum that provides such signature authority to the individual holding that official position.

By signing this application, I certify that my Agency will comply with U.S. Code 2576a for all controlled property, which states; With the authorization of the relevant local governing body or authority, that my agency has adopted publically available protocols for the appropriate use of controlled property, the supervision of such use, and the evaluation of the effectiveness of such use, including auditing and accountability policies; and that it provides annual training to relevant personnel on the maintenance, sustainment, and appropriate use of controlled property. I certify under penalty of perjury that the foregoing is true and correct. Making a false statement may result in judicial actions or prosecution under 18 USC § 1001.

*TITLE

*PRINTED NAME: FIRST & LAST

*SIGNATURE

*EMAIL

*DATE

SECTION 3:

RESERVED FOR STATE COORDINATORS OFFICE USE ONLY

As the State Coordinator/ State Point of Contact it has been determined that the agency meets the definition of a "Law Enforcement Agency/Activity" as described in section 2. I certify that all information contained in this application is valid and accurate.

*PRINTED NAME FIRST & LAST

*SIGNATURE

*DATE

SECTION 4:

RESERVED FOR LESO USE ONLY

NOTICE FOR DLA DISPOSITION SERVICES PERSONNEL: Regulatory guidance outlining Screener Identification and Authorization must be accomplished in accordance with DOD 4160.21-M, Volume 3, Enclosure 5, Section 3 (k). In accordance with the aforementioned reference, the LESO Program authorizes the individuals identified in Section 1 of this form to screen excess property at your facilities as authorized participants in the LESO Program. This authorized screener letter supersedes all previously issued screener letters for this Law Enforcement Agency/Activity and is valid only on or after the date signed by authorized LESO signatory. Only two individuals authorized to screen per visit; however, additional personnel may assist receiving material previously screened and approved for transfer.

*This agency is authorized to screen items via the LESO Program under authorized Agency DODAAC:

*LESO Authorized Signatory:

*SIGNATURE

*Screener letter is valid one year from this date:

Note: Once this screener letter has expired, agency can request a new screener letter (LESO AUTHORIZATION SCREENER LETTER, v.MARCH 2018) only through their SC/SPOC.

LESO Notes: