

State of _____
Transfer Request

SUBJECT: Request for transfer of DEMIL / Non DEMIL Equipment

DATE: _____

Releasing Agency Name: _____ ATTN (POC): _____ Street Address: _____ City, State, Zip: _____ Phone Number: _____	Receiving Agency Name: _____ ATTN (POC): _____ Street Address: _____ City, State, Zip: _____ Phone Number: _____
Property Approved by S/C for Transfer: YES NO State Coordinator Name / Stamp: Print: _____ Sign: _____	Property Approved by LESO for Transfer: YES / NO Transfer entered in LEEDS database YES NO LESO Coordinator: _____ DATE: _____ Transfer was not approved due to the following: ___ LEA is not enrolled in the program ___ Incorrect NSN / SERIAL / DTID / DOC number ___ Zero Quantity on Hand ___ Weapons transfer will exceed your authorized allocation. ___ Previous issues of weapons where approved

The State Coordinator must review request for transfer. Once transfer approval has been obtained from the State Coordinator and LESO, follow state rules for transfer. Documentation should include signatures from the releasing agency and the receiving agency. Receiving Agencies must be a participant of the 1033 Program and will adhere to the terms and conditions of the MOU between their state respective and DLA. Releasing and Receiving Agency must sign Transfer Request prior to LESO Approval. If you have any questions; please feel free to contact your State Coordinator.

ITEM NUMBER	ITEM DESCRIPTION	FILE #	NSN / SERIAL #	DTID #	DOC #	TRANSFER QUANTITY	DEMIL CODE
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Releasing Agency Signature _____

Receiving Agency Signature _____

Continuation of Transfer Request

ITEM NUMBER	ITEM DESCRIPTION	FILE #	NSN / SERIAL #	DTID #	DOC #	TRANSFER QUANTITY	DEMIL CODE
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