



**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**

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

FOR LESO USE ONLY	
<input type="checkbox"/>	New Application
<input checked="" type="checkbox"/>	Updated Application

\* Indicates Required Fields

Originating Agency Identifier (ORI) Number TX1261100

**SECTION 1:**

\*Agency Name: **Johnson County Pct 4** Agency DDDAAC (if known) **277063**  
 \*Agency Physical Address: **2 N Main #B6** \*City: **Cleburne**  
 \*State: **TX** \*Zip Code: **76033** \*Email: **kinman@johnsoncountytexas.org** \*Phone #: **8175566363** Fax #: **N/A**

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:

\*Full-time: **3** \*Part-time: **4**

**RTD Screeners** - 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.

01	Constable	Tim	Kinman	kinman@johnsoncountytexas.org	8175566363	small arms
02	Chief Deputy	Robert	Herod	herod@johnsoncountytexas.org	8175566363	small arms
03	Deputy	Daniel	Collins	dcollins@johnsoncountytexas.org	8175566363	small arms
04						
05						
06						
07						
08						

**SECTION 2:**

**RESERVED FOR LAW ENFORCEMENT AGENCY USE ONLY**

**Law Enforcement Agency/Activity** - The LESO Program defines this as a Governmental agency 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.

I am signing this document as the CLEO of this law enforcement agency.  
\*(Check only one):  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 INITIALIZING THE BOX BELOW, LEA'S CERTIFY THEY WILL COMPLY WITH 10 U.S. CODE 2576a FOR ALL CONTROLLED EQUIPMENT.**

I certify with the authorization of the relevant local governing body or authority, that my agency has adopted publicly 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, sustatement, and appropriate use of controlled property.

*By signing this application, 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.*

Constable

Tim Kinman

\*TITLE

\*PRINTED NAME: FIRST & LAST

\*SIGNATURE

kinman@johnsoncountytx.org

07/13/2018

\*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.

Mike Lesko

\*PRINTED NAME FIRST & LAST

*Mike Lesko*

\*SIGNATURE

7-25-2018

\*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 3, 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 DQDAAC: 2YT0G3

\*LESO Authorized Signatory:

*Jessica Waynick*

Digitally signed by  
WAYNICK,JESSICA.S.1539793493  
Date: 2018.09.21 11:32:08 -04'00'

\*Screener letter is valid one year from this date:

9-21-18

\*SIGNATURE

LESO Notes:

public, or to the property of any legal or political entity including states, local and interstate bodies, in any manner caused by or contributed to by the LEA, its agents, servants, employees, or any person subject to its control while the property is in the possession of, used by, or subject to the control of the LEA, its agents, servants, or employees after the property has been removed from U.S. Government control.

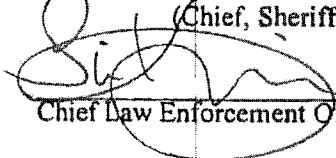
**XVIII. TERMINATION**

A. This SPO may be terminated by either party, provided the other party receives thirty (30) days' notice, in writing, or as otherwise stipulated by Public Law.

B. The undersigned State Coordinator, Chief Law Enforcement Official and Civilian Governing Body Official hereby agree to comply with all provisions set forth herein and acknowledge that any violation of the terms and conditions of this SPO may be grounds for immediate termination and possible legal consequences, to include pursuit of criminal prosecution if so warranted.

**XIX. IN WITNESS THEREOF**, the parties hereto have executed this agreement as of the last date written below.

Constable Pct 4, Tim Kinman  
Type / Print Chief Law Enforcement Official Name  
(Chief, Sheriff, Constable etc)

  
Chief Law Enforcement Official Signature

07/13/18  
Date (MM/DD/YYYY)

County Judge, ROGER HARMON  
Type/Print Civilian Governing Body Authorized Official  
(Mayor, City Manager, County Judge etc)

  
CGB Authorized Official Signature

07/23/2018  
Date (MM/DD/YYYY)

Mike Lesko  
Type / Print State Coordinator Name

  
State Coordinator Signature

7.25.2018  
Date (MM/DD/YYYY)