

JAN 28 2019

Approved

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Matt Wylie
TODAY'S DATE: 01/21/19

DEPARTMENT: Constable Precinct 1

SIGNATURE OF DEPARTMENT HEAD: Matt Wylie / *Matt Wylie*

REQUESTED AGENDA DATE: next

SPECIFIC AGENDA WORDING: Constable Pct. 1 to participate in the 1033 program

PERSON(S) TO PRESENT ITEM: Constable Matt Wylie and Chief Deputy Donnie Riddell

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME:	ACTION ITEM:	_____
	WORKSHOP	_____
(Anticipated number of minutes needed to discuss item)	CONSENT:	_____
	EXECUTIVE:	_____

STAFF NOTICE:

COUNTY ATTORNEY:	IT DEPARTMENT:
AUDITOR:	PURCHASING DEPARTMENT: _____
PERSONNEL: _____	PUBLIC WORKS: _____
BUDGET COORDINATOR:	OTHER: _____

*****This Section to be Completed by County Judge's Office*****

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____



**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	<input type="text" value="Constable"/>	<input type="text" value="Matt"/>	<input type="text" value="Wylie"/>
	*Official Title / Rank	*First Name	*Last Name
	<input type="text" value="mwylie@jocotx.org"/>	<input type="text" value="(817) 556-6163"/>	<input type="text"/>
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)
#2	<input type="text" value="Chief Deputy"/>	<input type="text" value="Donnie"/>	<input type="text" value="Riddell"/>
	*Official Title / Rank	*First Name	*Last Name
	<input type="text" value="driddell@jocotx.org"/>	<input type="text" value="(817) 556-6163"/>	<input type="text"/>
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*Official Title / Rank	*First Name	*Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*Email	*Phone Number	POC (Aircraft/Small Arms/Vehicle)
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*Official Title / Rank	*First Name	*Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*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.

Constable Precinct One	Matt Wylie	Matt Wylie	<small>Digitally Signed by: Matt Wylie DN: CN = Matt Wylie, email = mwylie@johnsoncountysc.org C = AD Date: 2019.01.04 13:48:08 -0800</small>
*TITLE	*PRINTED NAME: FIRST & LAST	*SIGNATURE	
mwylie@jocotx.org		1/4/19	
*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: *Screener letter is valid one year from this date:
*SIGNATURE

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: