○New
◉Update

CLEAR FORM

LAW ENFORCEMENT AGENCY (LEA) APPLICATION FOR PARTICIPATION

*****This application must be updated and resubmitted within 30 days of any changes*****

○Federal ◉State ○ Tribal Federal Agencies only: (Parent Affiliate i.e. DOJ):_____

2YTXXX DODAAC (Update Only): _____

AGENCY: Montague County Sheriff's Office

PHYSICAL ADDRESS (No P.O. Box): 111 South Grand Ave.

CITY: Montague STATE: Texas ZIP: 76251

*****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: 11 PART-TIME: 7

SCREENER POC(s): INCLUDE EMAIL ADDRESS AND DIRECT CONTACT PHONE NUMBER IF AVAILABLE

***MAIN POC: Is the Primary POC for requests and property pickup**

	NAME: LAST, FIRST	EMAIL	PHONE #
*SCREENER/MAIN POC	Ulbig, Kasie	kulbig@montaguesheriff.com	940-894-2491
SCREENER/POC #2	Hughes, Chris	chughes@montaguesheriff.com	940-894-2491
SCREENER/POC #3	Stewart, Joey	jstewart@montaguesheriff.com	940-894-2491
SCREENER/POC #4	Greanead, Phillip	pgreanead@montaguesheriff.com	940-894-2491
WEAPON/POC	Ferguson, Art	aferguson@montaguesheriff.com	940-894-2491
AIRCRAFT/POC			
VEHICLE/POC			

NOTICE: LAW ENFORCEMENT ACTIVITIES ARE DEFINED AS: GOVERNMENTAL AGENCIES WHOSE PRIMARY FUNCTION IS THE ENFORCEMENT OF APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND WHOSE OFFICERS HAVE THE POWERS OF ARREST AND APPREHENSION.

Upon acceptance into the Program, I understand that I have 30 days to familiarize myself with the State Plan of Operation and all Program guidance that is provided by the State Coordinator and that by signing, I certify that all information contained above is valid and accurate. (N/A for Federal Agencies)

By signing this I/we certify under penalty of perjury that the foregoing is true and correct. Making a false statement may result in judicial actions or prosecution under 18USC § 1001.

CHIEF LAW ENFORCEMENT OFFICIAL/: HEAD OF LOCAL AGENCY Sheriff Marshall W. Thomas **DATE:** 01/23/2017

PRINTED NAME

SIGNATURE

STATE COORDINATOR/SPOC: (NOT REQUIRED FOR FEDERAL AGENCIES) _____ **DATE:** _____

PRINTED NAME

SIGNATURE

LESO Team Lead Approval

AP Version: 1/28/16