LAW ENFORCEMENT AGENCY (LEA)
ARMORED TACTICAL VEHICLE REQUEST

SCREENER ID: _____ AGENCY NAME: Norman Police Department

POC: Jim Spearman

ADDRESS (No P.O. Box): 201 B. West Gray St

CITY: Norman STATE: OK

ZIP: 73069 EMAIL: jim.spearman@normanok.gov

PHONE: 405-366-5215 FAX: 405-217-1066

1. Type of Armored Tactical Vehicle Requested (if a specific type is required):
   MaxxPro Mine Resistant Ambush Protected (MRAP) tactical vehicle
2. Number of Armored Vehicles Requested: 1
3. Geographic Responsibility (Square Miles Covered): 196
4. Is the LEA in a High Intensity Drug Trafficking Area (HIDTA): Yes ● No ○
   Verify at: http://www.whitehousedrugpolicy.gov/hidta
5. Is the LEA willing to accept an Armored Tactical Vehicle that is: Tracked ○ Wheeled ● Either ○
6. Number/Type of 1208/1033 Armored Tactical Vehicles Currently on Inventory:
   none
7. SpecialConsiderations:
   This vehicle will be used mostly for high risk tactical situations that may include drug interdiction.

The Chief Executive Official/Head of Agency (Local Field Office), by signing, certifies that the requesting agency listed above has the appropriate funds, personnel, and equipment to operate and maintain the requested vehicle. It is also understood that this agency will not sell, trade, or cannibalize for parts, armored vehicles acquired through the 1033 Program. They certify that all information contained above is accurate and the request for an armored tactical vehicle is warranted and has been approved

CHIEF EXECUTIVE OFFICIAL/: HEAD OF LOCAL AGENCY

Keith L. Humphrey **DATE:** 10/3/2013
PRINTED NAME

Keith L. Humphrey Digitally signed by Keith L. Humphrey DN: cn=Keith L. Humphrey, o=Norman Police Department, ou=Chief of Police, email=keith.humphrey@normanok.gov, c=US Date: 2013.10.03 15:03:39 -05'00'
SIGNATURE

STATE COORDINATOR: (NOT REQUIRED FOR FEDERAL)

_____ **DATE:** _____
PRINTED NAME

_____
SIGNATURE

LESO USE ONLY

LESO OFFICIAL:

_____
PRINTED NAME

_____
SIGNATURE

DATE LEA WAS ADDED TO THE NATIONAL PRIORITY LIST: _____

LESO NOTES: _____

DISAPPROVED BY LESO: ☐ REASON: _____