

LAW ENFORCEMENT AGENCY (LEA) ARMORED VEHICLE REQUEST

ORED VEHIC	CLE POC: Carlos Zamarron				
NCY PHYSIC.	AL ADDRESS (as it appear	rs in FEPMIS): 400 West Vete	erans Blvd.		
?: Palmview			STATE: TX		
78572	EMAIL: czan	narron@cityofpalmviewtx.us			
NE: (956) 432-		FAX:			
	PLEA:	PLEASE IDENTIFY TYPE OF ARMORED VEHICLE BEING REQUESTED OTHER TYPE OF VEHICLE			
	MRAP	PEACEKEEPER	UP-ARMORED HMMWV (UAH)	REQUESTED? (please identify type):	
QTY	1				
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2. Is the requesting agency located within an office of National Drug Control Policy designated High Intensity Drug Trafficking Area (HIDTA)? If yes, please descril
Yes, McAllen DEA HIDTA Task Force, Group D84
3. Is the requesting agency involved by mutual agreement with multi-agency associations/task forces of a counter-drug/counter-terrorism/border security nature?
YES, McAllen DEA HIDTA Task Force.
4. State the population within the requesting agencies jurisdiction and describe the geographical size of the area of responsibility.
The population for the city of Palmview is 15,863 and the size of the area of responsibility is 7.6 square miles.
5. Describe the type of facility that will be used to store and secure the resource.
The MRAP will be stored and secured within the grounds of the Palmview Police Department, located at 400 West Veterans Boulevard, Palmview, TX 78572, inside a large carport, with automated garage doors.
6. Provide estimated usage/mission requirements for the requested armored vehicles.
The MRAP will be utilized during high risk and critical incidents that may occur which is on a frequency of 1-3 times per month in our area of responsibility. This asset will also be used and implemented into our monthly tactical training by our certified tactical officers.
7. (Only applicable for Law Enforcement Agencies [LEAs] requesting MRAPs) LEAs requesting or receiving Mine Resistant Ambush Protected (MRAP) vehicles are responsible for all costs associated with the demilitarization preparation (DEMIL Prep) prior to turn-in of the vehicle. Prior to returning the MRAP back to a DLA Disposition Services Field Activity location, the LESO will provide instructions that specify the DEMIL Prep requirements for each MRAP variant. By acknowledgin below, the LEA understands that there will be DEMIL Prep requirements, and accepts responsibility for all costs and DEMIL Prep at the end of life-cycle that may be associated with returning the MRAP. Costs may include (but are not limited to) the removal of the MRAP spall liner, fire suppression system, and armored panels.
Yes, my LEA acknowledges and accepts the costs associated with MRAP DEMIL Prep.
No, my LEA does not acknowledge or accept the cost associated with MRAP DEMIL Prep.
Not applicable-my LEA is not requesting an MRAP.

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8. (OPTIONAL) Provide any additional information	on pertinent to armored vehicle request.	
[RAC/SAC]) certifies that: a) the agency listed a requested vehicle, b) that the agency is abiding by the a signed copy of the SPO and any SPO Addendum(s)	ment Official or Head of Local Federal Agency (Supervisor/Regional Agent in Ch bove has the appropriate funds, license (s), safety, and operational training requi e current version of the LESO approved State Plan of Operation (SPO) and any SPO A on file, d) the agency certifies that all information contained above is accurate, e) the een approved/is endorsed by the agency signatory listed below.	ired to operate and maintain the dendum(s), c) that the agency has
CHIEF LAW ENFORCEMENT OFFICIAL	Jose Trevino	05/15/2024
OR HEAD OF LOCAL FEDERAL	PRINTED NAME	DATE:
AGENCY (SUPERVISOR/RAC/SAC):		
	LARU JULIU	
	SIGNATURE OF WORLD	
By signing this application, I certify that as the Stat Enforcement Agency/Activity", b) that all informa-	STATE OR FEDERAL COORDINATOR USE ONLY the Coordinator/State Point of Contact, I have determined that: a) the agency meets ation contained in this application is valid and accurate, c) that the LEA is abiding PO Addendum(s) and d) that the LEA has a signed copy of the SPO and any SPO	g by the current version of the LESC
	PRINTED NAME	DATE:
STATE OR FEDERAL COORDINATOR:		
	SIGNATURE	
	LESO USE ONLY	
ADDITIONAL		
FOF OFFICERS:		
TOTAL # OF ARMORED VEHICLES:		
saguator terest in total a		
	TACTICAL VEHICLE SPECIALIST (SIGNATURE)	DATE:
Is agency on the Department of Justice (DOJ) Acti	ve Case List?: Yes No DOJ Liaison	
Is agency on the LESO Susp	pension List?: Yes No notes:	
LESO OFFICIALS:		
deso officials.	COMPLIANCE LIAISON SPECIALIST (SIGNATURE)	DATE:
	Comment of Bolinson (Carlina Carly)	
	LESO BRANCH CHIEF (SIGNATURE)	DATE:
	LESO DIVISION CHIEF (SIGNATURE)	DATE: