



# TENNESSEE 1033 LESO PROGRAM

## SUPPLEMENTAL DATA SHEET

Date: 10/1/19

Agency: Franklin Police Department

Phone: (615) 794-2513 Alternate Phone: (615) 525-6077

Fax: (615) 791-3206

Website (if applicable): \_\_\_\_\_

Screener #1: Officer Chris Marlow chris.marlow@franklin.tn.gov  
RANK / NAME / E-MAIL ADDRESS

Screener #2: \_\_\_\_\_  
RANK / NAME / E-MAIL ADDRESS

Screener #3: \_\_\_\_\_  
RANK / NAME / E-MAIL ADDRESS

Screener #4: \_\_\_\_\_  
RANK / NAME / E-MAIL ADDRESS

Weapons Officer: Officer Chris Marlow chris.marlow@franklin.gov  
RANK / NAME / E-MAIL ADDRESS

### AGENCY CHIEF EXECUTIVE OFFICIAL<sup>1</sup>

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

### AUTHORIZED OFFICIAL<sup>2</sup>

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

<sup>1</sup> Agency Chief Executive Official – Chief of Police or County Sheriff.

<sup>2</sup> Authorized Official – County Judge, Mayor, or City Manager/Administrator, University/College President or Director.



## **TENNESSEE 1033 LAW ENFORCEMENT PROPERTY PROGRAM**

### **RELEASE OF LIABILITY**

TENNESSEE AGENCY: \_\_\_\_\_ Franklin Police  
Department \_\_\_\_\_, City and or County

The Tennessee Law Enforcement Agency (LEA) designated above acknowledges receipt of excess property from the Department of Defense pursuant to Section 1033 of the National Defense Authorization Act for Federal Fiscal Year 1997 (the "Act"). Such excess property transferred pursuant to the Act may include small arms and ammunition (hereinafter referred collectively as the "Transferred Property")

The LEA acknowledges that the Transferred Property is considered excess to the needs of the Department of Defense and that the Transferred Property may be in any condition from new to unserviceable. The LEA acknowledges that there may be hazards associated with the use of the Transferred Property, which could cause damage to property and serious injury or death. The term "use" with respect to the Transferred Property is acknowledged to include, but is not limited to, active deployment, passive transportation and mere possession. The LEA agrees to provide appropriate or adequate training to any person who may use the property. The LEA agrees that it IS NOT the responsibility of the Department of Defense, the State of Tennessee or the Tennessee Department of General Services to provide appropriate or adequate training to any person using the transferred property.

The Department of Defense, the State of Tennessee nor the Tennessee Department of General Services assumes any liability for damages or injuries to any person or property arising from the use of the Transferred Property. By signing this agreement, the LEA agrees, subject to the appropriation of sufficient funds, to be solely responsible for any and all suits, actions, demands or claims of any nature arising for its use of the Transferred Property. The LEA agrees to maintain, at its expense, adequate liability and property damage insurance and workman's compensation insurance to cover any such claims.

The LEA accepts Transferred Property "as is" with no warranty of any kind. The Department of Defense, the State of Tennessee nor the Tennessee Department of General Services make any claims or warranties, expressed or implied, concerning the Transferred Property, including but not limited to warranty of fitness for a particular purpose.

The LEA acknowledges that any item of the Transferred Property meeting the definition of "machine gun" found in 26 U.S. C. 584(b)\* must be registered with the Bureau of Alcohol, Tobacco and Firearms (BATF) with an ATF Form-10 (Application for Registration of Firearm Acquired by Certain Governmental Entities). Upon receipt of a properly executed Form-10, ATF will accept the registration of the machine gun and notify the LEA. Any machine gun registered in this manner is restricted for law enforcement use only. The LEA agrees to provide the State Coordinators Office a copy of an approved Form-10 for each machine gun that is part of any Transferred Property received. The LEA must execute a separate transfer agreement with the United States Army, through the 1033 Program, for any small arms/weapons.

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The LEA acknowledges that it is the sole responsibility for any and all costs associated with the Transferred Property, including but not limited to, packing, crating, handling, transportation, repossession and disposal.

The LEA acknowledges that Transferred Property may be disposed of only with written approval from the State Coordinator's Office and in accordance with local, state, federal laws and the regulations and guidelines of the 1033 Program prescribed by the Law Enforcement Support Office. The LEA specifically acknowledges that the preceding rule includes, but is not limited to the transfer, destruction or abandonment of any Transferred Property constituting small arms/weapons and weapon parts.

Subject to the conditions set forth herein, title to the Transferred Property is assumed by the LEA upon written acceptance hereof from the LEA.

By signing below, the Agency Chief Executive Official and the Authorized Official acknowledge and understand all previously stated guidelines and conditions.

AGENCY CHIEF EXECUTIVE OFFICIAL (1):

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Signature Date

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Name/Title

AUTHORIZED OFFICIAL (2):

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Signature Date

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Name/Title

\*The National Firearms Act, 26 U.S.C. section 5801 et seq., defines a firearm to include machine gun. 26 U.S.C. Section 5845(a)(6). That same act, defines a machine gun as follows:

The term "machine gun" means any weapon which shoots, is designed to shoot, or can be readily restored to shoot automatically more than one shot, without manual reloading, by single function of the trigger. The term shall also include the frame or receiver of any such weapon, any combination of parts designed and intended, for use in converting a weapon into a machine gun, and any combination of parts from which a machine gun can be assembled if such parts are in the possession or under the control of a person.

**(1) Agency Chief Executive Official – Chief of Police or County Sheriff**

**(2) Authorized Official – County Judge, Mayor or City Manager/Administrator, University/College President or Director**

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# State Plan of Operation Cover Sheet

## Top 10 Facts and Highlights

1. Property made available under this agreement is for the use of authorized program participants only. (See pg. 2 Sec. III, D.)
2. The LESO conditionally transfers all excess DoD property to States/LEAs enrolled in the LESO Program. (See pg. 3 Sec. III, H.)
3. Enforce adequate Security and accountability measures to prevent loss or theft. (See pg. 3 Sec. III, F.)
4. LEAs are not authorized to transfer any property on their inventory without State and LESO notification and approval. (See pg. 4 Sec. III, J.)
5. Annual physical inventory “REQUIRED” 1 October to 31 December. (See Pg. 6 Sec. V, A.)
6. Subject to a Program Compliance Review (PCR) by the State and the LESO. (Pg. 8 Sec.VI) NOTE A.4: Intent to physically inventory 100% of property selected for review.
7. Equipment Custody Receipt (ECR) must be used as a chain of custody for certain equipment. (See Pg. 2, Sec. III, D. - Pg. 11,VIII,C.)
8. Lost, Stolen or Destroyed (LSD) equipment must be reported to the State upon discovery of such. (See pg. 10 Sec. VIII, A.)
9. Modifications to small arms are authorized. All parts are to be retained and accounted for (See pg. 11 Sec. VIII, D.)
10. LEA fails to comply with any terms of the DLA MOA, Federal statute or regulation, SPO, or a State MOA, the State and/or LEA may be placed on restricted status, suspended, and/or terminated from the Program. (See pg. 13 Sec. XII, B.)

Initials of the CLEO \_\_\_\_\_

Version: July 2018



**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="Armorer/Officer"/>             | <input type="text" value="Chris"/>          | <input type="text" value="Marlow"/>     |
|     | *Official Title / Rank                                   | *First Name                                 | *Last Name                              |
|     | <input type="text" value="chris.marlow@franklintn.gov"/> | <input type="text" value="(615) 794-2513"/> | <input type="text" value="Small Arms"/> |
|     | *Email   | *Phone Number                               | POC (Aircraft/Small Arms/Vehicle)       |
| #2  | <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)       |
| #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.*

|                             |                             |            |
|-----------------------------|-----------------------------|------------|
| Chief of Police             | Deborah Faulkner            |            |
| *TITLE                      | *PRINTED NAME: FIRST & LAST | *SIGNATURE |
| deb.faulkner@franklintn.gov |                             | 10/1/19    |
| *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:

DEPARTMENT OF GENERAL SERVICES  
 VEHICLE AND ASSET MANAGEMENT  
 6500 CENTENNIAL BOULEVARD  
 NASHVILLE, TN 37243-0543  
 Telephone (615)350-3373; Fax (615)350-3379



INVOICE & ENROLLMENT FOR  
 PARTICIPATION IN  
 DOD LESO 1122 / 1033 EXCESS  
 PROPERTY PROGRAMS  
 FY20- 2YTEA9

DATE: JULY 1, 2019

AGENCY OFFICIAL: CHIEF DEBORAH FAULKNER

LAW ENFORCEMENT AGENCY: FRANKLIN POLICE DEPARTMENT

MAILING ADDRESS: 900 COLUMBIA AVENUE

CITY / ZIP: FRANKLIN, TN 37064

| DESCRIPTION  |   | AMOUNT        |
|--|---|---------------|
| FEE FOR PARTICIPATION IN THE DOD LESO 1033 AND 1122 PROGRAMS FOR FY 2020 (JULY 1, 2019 - JUNE 30, 2020). |   |               |
| 1 – 30 Officers/Deputies   |   | \$400         |
| 31 – 60 Officers/Deputies  |   | \$600         |
| 61 – 90 Officers/Deputies  |   | \$800         |
| 91 + Officers/Deputies   | X | \$1000        |
| <b>TOTAL FEE</b>   |   | <b>\$1000</b> |

\*Make payment out to: STATE OF TENNESSEE

Being the duly authorized agent of the above organization, I commit the organization to comply with the terms and conditions on the listed property as outlined in the agreement

Signature  
 GS-0057

Date

Law Dept. approved 10.24.19