**DEPARTMENT OF THE ARMY**

 **(Unit Letterhead)**

A S REQUIRED Date

MEMORANDUM FOR Office of the Provost Marshal General, 2800 Army Pentagon, Washington, DC 20310-2800.

SUBJECT: LEOSA Requirements Verification for Rank/Last Name, First, MI/Last 4 SSN

1. In accordance with the Law Enforcement Officer Safety Act (LEOSA), Department of Defense Instruction 5525.15, and applicable Army Directives, Rank/Last Name, First, MI/Last 4 SSN has requested that he/she be identified by the Army as a qualified law enforcement officer for the purpose of being issued a 926B LEOSA credential.

2. I have verified that he/she is a graduate of either the U.S. Army Military Police School or the Counterintelligence Special Agent Course, with a graduation date of XX Month YYYY. I have verified that he/she currently holds a primary occupational specialty in the Military Police 31 series, Counterintelligence 35 series, or is employed as a DA Civilian Police officer or DA Civilian Detective. Regardless of his/her current duty assignment (i.e., recruitment, drill sergeant, etc.), he/she is authorized by the Army to be issued and carry a government firearm. He/she has met the standards established by the Army which require him/her to regularly qualify on the use of a firearm of the same type as his/her concealed firearm.

3. He/she is not the subject of any disciplinary action by the Army which could result in suspension or loss of police power. He/she is not prohibited by Federal law from receiving a firearm. He/she has acknowledged that he/she has read and understand the public laws and guidance requirements necessary for issuance of a LEOSA credential. He/she understands a LEOSA credential does not grant him/her any authority to act on the Army’s behalf, or to exercise any law enforcement authority. He/she understands that he/she cannot carry a firearm while under the influence of alcohol or another intoxicating/hallucinatory drug/substance. I or my designated representative will notify the Office of the Provost Marshal General of any information made known to me that could affect this individual’s LEOSA qualification status.

4. My point of contact for this memorandum is (EMAIL ADDRESS / PHONE NUMBER).

 COMMANDING OFFICER

 SIGNATURE BLOCK

(Note: Unit Commanding Officer, or Authorized Signatory Authority GS-14 or Above)