



STATE OF WISCONSIN
DEPARTMENT OF MILITARY AFFAIRS

DIVISION OF EMERGENCY MANAGEMENT

Phone: 608-242-3000
P.O. Box 7865 · Madison, WI 53707-7865



LESO (1033) Program Annual Enrollment for Procurement Form
Calendar Year 2025

(Please Type or Print)

Agency: _____

Agency Head: _____

of Sworn Officers: _____

Address: _____

Phone: _____

Signature: _____

The LEA named above hereby elects to participate in the LESO Program with intent to procure equipment during the 2025 Calendar Year. The LEA agrees to pay an enrollment fee for the period from January 1, 2025 – December 31, 2025 based on the fee schedule noted below.

# of Sworn Officers	Enrollment Fee
1-5	\$200.00
6-15	\$250.00
16-25	\$300.00
26-50	\$350.00
51-99	\$500.00
100+	\$750.00
State Agency	\$1,000.00

The LEA named above also agrees to pay transportation and handling charges for all LESO excess property that it receives.

Checks should be made out to Department of Military Affairs and can be mailed to:

WI LESO Program
Attn: Brent Krebs
2400 Wright Street
P.O. Box 7865
Madison, WI 53707