All purchases of equipment must receive prior approval in order to be eligible for reimbursement through the Domestic Marijuana Eradication Program. Approvals must be made using this form and must be submitted through the Office of Agricultural Law Enforcement. No requests for approval will be considered after September 15th of each calendar year.

<table>
<thead>
<tr>
<th>Item</th>
<th>Manufacturer Specifications</th>
<th>Price per Item</th>
<th>Quantity</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing below, you are certifying that the items listed above will be used to further your agency's efforts to eradicate marijuana.

Agency Representative: ____________________________
Signature of Agency Representative: ____________________________ Date: ___________
Telephone #: ____________________________
E-Mail Address: ____________________________

PLEASE E-MAIL COMPLETED FORM TO: DME@FreshFromFlorida.com

Approved purchases must be made within the current Calendar Year and will be processed for reimbursement once the DME Disbursement Request Form is submitted to the Office of Agricultural Law Enforcement with the applicable receipts. If approved, the approval may be only for a portion of the actual cost of the equipment.

Office of Agricultural Law Enforcement - signature indicates that equipment requests are within 10% of award.

Signature ____________________________ Date: ___________
Name & Title ____________________________

Drug Enforcement Administration / DCE/SP Headquarter Approval - signature indicates approval to purchase the equipment noted above.

Signature ____________________________ Date: ___________
Name & Title ____________________________