



Florida Department of Agriculture and Consumer Services  
Office of Agricultural Law Enforcement



NICOLE "NIKKI" FRIED  
COMMISSIONER

**DOMESTIC MARIJUANA ERADICATION  
PROGRAM EQUIPMENT APPROVAL**

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

Equipment Price: \_\_\_\_\_

**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.**

Item	Manufacturer Specifications	Price per Item	Quantity	Total \$
				\$ -
				\$ -
				\$ -
<b>TOTAL</b>				<b>\$ -</b>

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@FDACS.gov](mailto:DME@FDACS.gov)

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 \_\_\_\_\_