Note: This form is fillable, however, it must be saved to your computer before printing.

**AGENCY PROFILE**

Agency Name:

Agency Address:

City:       Zip:       County:

Agency Website (if applicable):

**Agency Chief Executive Officer (CEO) Name**:

CEO Telephone:

CEO Email:

**Accreditation Manager (AM) Name**:

AM Telephone:

AM Email:

**ACCREDITED STATUS**

Is department currently accredited by the national accreditation program?

Yes  No If yes, what year(s):

If Yes, what level is the agency accredited?

Tier 1 Accreditation  Advanced Accreditation

**AGENCY SIZE**

Authorized Sworn Personnel:

Full Time:       Part Time:

Authorized Non-Sworn Personnel (e.g., communications, crossing guards, etc.):

Full Time:       Part Time:

Does agency utilize Reserve Police Officers? Yes  No

Briefly describe Reserve Police Officers’ duties:

Does agency utilize volunteers (e.g., interns, CERT, VIPs, etc.)? Yes  No

Briefly describe volunteer duties:

**GEOGRAPHIC AREA OF RESPONSIBILITY**

Indicate political subdivisions or municipalities where your agency provides law enforcement services. County, state, or regional agencies should indicate all political subdivisions that rely on the agency for law enforcement or communications services.

Square mileage of service area:       Population (latest Census):

Indicate any property located within the confines of another political subdivision for which your agency has law enforcement responsibility (e.g., airports, storage facilities, garages, schools, colleges, etc.):

If the agency has entered into a contractual agreement for the provision or receipt of law enforcement services with another jurisdiction, indicate the services provided and the name(s) of recipient entities:

**PERSONNEL FUNCTIONS**

Which department handles the agency personnel function?

Department Name:

Department Address:

Contact Name:

Contact Telephone:

Contact Email:

**WORKFORCE**

Indicate the number of employees for each category:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Administration | Patrol | Investigations |
| Ranks above Captain | 0 | 0 | 0 |
| Captain | 0 | 0 | 0 |
| Lieutenant | 0 | 0 | 0 |
| Sergeant | 0 | 0 | 0 |
| Other Supervisory Rank | 0 | 0 | 0 |
| Officer/Detective | 0 | 0 | 0 |
| Other Sworn (Reserve, etc.) | 0 | 0 | 0 |
| Civilian | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |
|  |  |  |  |

Provide additional comments on above workforce (if any):

**PATROL ALLOCATION**

Describe your method of allocating officers to the patrol function. List any fixed shifts, walking beats, overlapping shifts, power shifts, etc.:

**CRIMINAL INVESTIGATIONS**

Does the agency routinely use uniformed patrol officers to conduct follow-up investigations of criminal cases? Yes  No

If **Yes**, describe under what circumstances (e.g., crimes, offenses only, non-criminal matters, etc.):

List any current multi-jurisdictional task force participation (include agencies involved):

**COMMUNICATIONS**

Does the agency operate its own communications center? Yes  No

If **Yes**, where is the center located?

If **No**, who manages and operates the communications center, and where is it located?

**SUBSTATIONS OR OTHER FACILITIES**

List the address and type of any facilities used by your agency other than those already provided (e.g., substations, precincts, training facilities, task force offices, etc.):

**HOLDING FACILITIES**

Does your agency operate a detention facility (e.g., temporary detention, holding facility, jail facility, etc.)? Yes  No

If **Yes**, what is the maximum capacity of the holding area?

Do you process (photograph, fingerprint) arrestees at your facility? Yes  No

Do you use a central booking facility for processing, detention and/or transporting to jail facilities (e.g. county or state facility)? Yes  No

If yes, which booking facility do you use (please include name and address):

Additional information (if necessary):

**VEHICLES**

Please list the type and number of vehicles utilized by your agency (e.g., including bicycles, motorcycles, ATVs, helicopters, etc.):

**Document Management Systems**

What system, if any, do you currently use for document management?

PowerDMS  Lexipol  PM/AM  Other  None

If **Other**, please list the name of the document management system currently in use:

**COMMENTS**

Please provide any additional information you would like us to know about the operations of your agency:

**AUTHORIZED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_

Chief Executive Officer Date

**ACCREDITATION FEE SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tier** | **Full Time**  **Sworn LE Personnel** | **Initial Application Fee** | **Annual Continuation Fee\*** |
| **1** | **1 – 25** | **$250.00** | **$125.00** |
| **2** | **26 – 100** | **$500.00** | **$250.00** |
| **3** | **101 - Above** | **$1,000.00** | **$500.00** |

\*The first Annual Continuation Fee is due on the anniversary date, which is one year following the  
date initial accreditation is granted and every year thereafter. Fees subject to change.

Note: ALEAP policy states that agencies that withdraw during the accreditation process will not receive a refund of program fees.

**ATTACHMENTS**

Please enclose the following documents when submitting application:

1. Copy of Agency’s Latest Annual Report (if produced)
2. Agency’s Organizational Chart
3. Agency’s Current Personnel Roster
4. Detail Map of Service Area

**Application Submission**

Return completed application, attachments and payment to (email submission will be accepted if payment is by credit card):

**Arizona Association of Chiefs of Police**

**Arizona Law Enforcement Accreditation Program**

75 E. Civic Center Drive

Gilbert, AZ 85296

Kevin.rhea@azchiefsofpolice.org

**METHOD OF PAYMENT**

Check payable to Arizona Association of Chiefs of Police is enclosed.

Visa Master Card Amex If paying by credit card, be sure to complete all sections.

Card #:

Name on Card:

Expiration Date:

CVC# ***REQUIRED:***

Phone Number:

Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email for receipt ***REQUIRED:***