MICHIGAN LAW ENFORCEMENT ACCREDITATION COMMISSION

STATE ACCREDITATION APPLICATION

AGENCY PROFILE

Agency Name:

Agency Address:

City: Zip: County:

Agency Website (if applicable):

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):

AGENCY SIZE

Authorized Sworn Personnel (include SLEO):

Full Time: Part Time:

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

Full Time: Part Time:

Does agency utilize Auxiliary Police Officers? ☐ Yes ☐ No

Briefly describe Auxiliary 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			
Captain			
Lieutenant			
Sergeant			
Other Supervisory Rank			
Officer/Detective			
Other Sworn (SLEO, Aux., etc.)			
Civilian			
Adult School Crossing Guards			
Other			

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

☐ PSAP ☐ PDSP ☐ Both

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.):

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

Level	Full Time Sworn LE Personnel	Initial Accreditation Fee		Annual Continuation Fee*	
		Not Nationally Accredited	Nationally Accredited	Not Nationally Accredited	Nationally Accredited
A	1-10	$1,500	$1,500	$600	$600
B	11-25	$1,800	$1,500	$700	$600
C	26-99	$2,700	$1,500	$1,000	$700
D	100-199	$3,900	$1,950	$1,300	$800
E	200-299	$4,800	$2,400	$1,600	$900
F	300+	$6,000	$3,000	$2,000	$1,200

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

Application Submission

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

Michigan Association of Chiefs of Police
Law Enforcement Accreditation Program
3474 Alaiedon Parkway, Suite 600
Okemos, MI 48864
info@michiganpolicechiefs.org

METHOD OF PAYMENT

☐ Check payable to Michigan 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:***