



New Mexico Law Enforcement Professional Standards Council

Headquarters: New Mexico Municipal League
P.O. Box 846 Santa Fe, NM 87504-0846
1-800-432-2036 Fax (505) 984-1392

AGENCY APPLICATION

Department Name: _____ Phone Number: _____

Street Address: _____

City: _____ ZIP: _____

Department Chief Executive Officer: _____ Title: _____

Project Coordinator or Manager: _____ Title: _____

Project Manager Email: _____ Project Manager Phone Number: _____

Fax Number: _____ # Sworn Officers: _____

Non-Sworn Personnel: _____ # Reserve Officers: _____

Total Personnel: _____ Annual Budget: _____ Square Miles Served: _____

Population of City or County: _____ Seasonal Population increase to: _____ When: _____

Accredited by Law Enforcement Council on Accreditation? Yes (Date _____) No

\$2,500 Application Fee is due with application (*the fee covers all assessment needs, i.e. hotel accommodations, meals etc. for the mock assessment, onsite assessment and any training that may be required.*)

The Agency Profile Questionnaire is designed to provide the body of information about your department for staff use and the inspectors that conduct the assessment of your department. The data produced will also be utilized to provide a general profile of law enforcement in New Mexico for planning and problem solving purposes.

Agreement: With this application, we agree to comply with the Professional Standards adopted by NMLEPSC in 2001. The inspection will be conducted by professional law enforcement personnel and we agree to them having access to our department for this purpose.

The commitment our department must make in working with the NMLEPSC toward inspection is understood and accepted.

DATE: _____

By: _____
Signature

Official Use Only: Fee _____ Date Received _____ Acknowledgment Date _____

(Typed/Printed Name)

(Title)