

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 FOR RECOGNITION

Department Name:	Phone Number:
Street Address:	
	ZIP:
Department Chief Executive Officer:	Title:
Project Coordinator or Manager:	Title:
Project Manager Email:	Project Manager Phone No.:
Fax Number:	# Sworn Officers:
# Non-Sworn Personnel:	# Reserve Officers:
Total Personnel: Annual Budg	et: Square Miles Served:
Population of City or County: Se	easonal Population increase to: When:
Accredited by Law Enforcement Counci	l on Accreditation? Yes (Date) No

\$1,500 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

(Typed/Printed Name)

(Title)

Official Use Only:
Fee \$1,500.00
Date Received
Acknowledgment Date