



Maine Law Enforcement Accreditation Program (MLEAP) APPLICATION

Initial Accreditation
 Re-Accreditation

Name of Department: _____

Address: _____ City: _____ Zip: _____

Chief Law Enforcement Officer: _____ E-mail: _____

Phone: _____ Fax: _____

Program Manager: _____ Direct Phone: _____

Program Manager E-mail: _____

Sworn Officers: _____ Non-Sworn: _____ Total Personnel: _____

Service Area Population: _____ Government Type: _____

MCOPA Member: Yes No MCOPA District: _____ County: _____

CALEA Accredited: Yes No

Has the **CLEO** attended the following training (required)?

Accreditation Familiarization Program Yes No (Required) (Date attended _____)

Has the **Agency Program Manager** attended the following training (required)?

Accreditation Familiarization Program Yes No (Required) (Date attended _____)

Program Manager/Assessor Training Program Yes No (Required) (Date attended _____)

After reviewing the Accreditation Standards, how many months do you anticipate needing to comply with the standards? _____. (agencies are allowed up to 24 months to achieve initial accreditation upon acceptance of application by MLEAP Committee)

Which Program Method do you intend to use during initial recognition?

Electronic Submission PowerDMS

Chief Law Enforcement Officer Signature

Date

Please scan and send completed application to the MLEAP Program Director:
LAllen@mainechiefs.com or mail to MCOPA, P.O. Box 2431 South Portland, ME 04116