



Maine Law Enforcement Accreditation Program (MLEAP) APPLICATION

Initial Accreditation
 Re-Accreditation

Name of Department: _____

Address _____ City: _____ Zip: _____

Chief Law Enforcement Officer: _____ Email _____

Phone: _____

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)? *Not required for CALEA Agencies*
Accreditation Familiarization Program Yes No (Required) (Date attended) _____

Has the **Agency Program Manager** attended the following training (required)? *Not required for CALEA Agencies*
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) *Not required for CALEA Agencies*

Chief Law Enforcement Officer Signature

Date

Please scan and send completed application to the MLEAP Program Director:
James.Willis@dirigosafety.com or mail to MCOPA, Attention James Willis, Dirigo Safety LLC.