

Arizona Law Enforcement Accreditation Program

ALEAP ENROLLMENT APPLICATION

Arizona Association of Chiefs of Police

Program Enrollment

Law Enforcement

Emergency Communications Center

Property and Evidence

SECTION 1: AGENCY INFORMATION

Agency Name	
Physical Address	
Mailing Address	<input type="checkbox"/> Same as physical address
City	
Zip Code	
County	
Agency Website	

SECTION 2: JURISDICTION & COMMUNITY

Square Mileage of Service Area	
Population (based on latest Census)	

Type of Jurisdiction:

<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> Tribal
<input type="checkbox"/> University/College	<input type="checkbox"/> Airport	<input type="checkbox"/> Transit
<input type="checkbox"/> State	<input type="checkbox"/> School District	<input type="checkbox"/> Other: _____

Primary Demographics of Service Area:

<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
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Contractual agreements for provision/receipt of law enforcement services with other jurisdictions:

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Mutual aid agreements (list agencies):

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Additional facilities (substations, precincts, training facilities, task force offices, etc.):

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☐ Please attach detailed map of service area

SECTION 3: AGENCY AFFILIATIONS

AACOP Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment in CALEA	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASA Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	AMRRP Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	CALEA Tier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Policies	<input type="checkbox"/> Internally Written <input type="checkbox"/> Lexipol <input type="checkbox"/> Edwards & Amato <input type="checkbox"/> Other _____				

SECTION 4: ACCREDITATION HISTORY & GOALS

Has your agency ever been accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by which body and when?	
Previously enrolled in ALEAP but withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If previously withdrawn from ALEAP, please explain:

Target date for initial accreditation assessment

What motivated your agency to pursue ALEAP accreditation?

SECTION 5: CEO / AGENCY HEAD INFORMATION

The CEO is the highest-ranking executive officer within a law enforcement agency that primarily performs typical law enforcement functions such as patrol, investigations, traffic enforcement, and emergency response. For a non-traditional agency, the CEO is the executive officer of an agency or department that possesses law enforcement authority or sworn officers but does not primarily perform traditional law enforcement functions.

Title	<input type="checkbox"/> Interim
First Name	
Last Name	
Office Phone #	
Cell Phone #	
Email Address	

SECTION 6: ACCREDITATION MANAGER (AM) INFORMATION

Position Status	<input type="checkbox"/> Filled <input type="checkbox"/> Undetermined/Developing
Is your AM a hired consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AM Name	
Title	
Email	
Office Phone #	
Cell Phone #	

AM Supervisor	
Supervisor Email	
Office Phone #	
Cell Phone #	

SECTION 7: STAFFING INFORMATION

Budgeted Sworn Positions	
Budgeted Civilian Positions	
# of Full-Time Sworn Staff	
# of Full-Time Civilian Staff	
Does the agency utilize Reserve Officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the agency utilize volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rank Distribution

Rank	Number of Personnel
Ranks above Captain/Commander	
Captain/Commander	
Lieutenant	
Sergeant	
Other Supervisory Rank	
Officer/Detective	
Other Sworn (Reserve)	
Civilian	
Other	

☐ Please attach department organizational chart

SECTION 8: SPECIALIZED UNITS & FUNCTIONS

Check all specialized units/functions your agency operates:

<input type="checkbox"/> K-9 Unit	<input type="checkbox"/> SWAT / Tactical Team	<input type="checkbox"/> Traffic / Motors
<input type="checkbox"/> Investigations / Detectives	<input type="checkbox"/> School Resource Officers (SRO)	<input type="checkbox"/> Crisis Intervention Team (CIT)
<input type="checkbox"/> Drone / UAS Program	<input type="checkbox"/> Marine / Boat Unit	<input type="checkbox"/> Mounted Unit
<input type="checkbox"/> Bicycle Patrol	<input type="checkbox"/> Honor Guard	<input type="checkbox"/> Community Outreach / Relations
<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Public Information Officer	<input type="checkbox"/> Internal Affairs
<input type="checkbox"/> Narcotics / Vice	<input type="checkbox"/> Gang Unit	<input type="checkbox"/> Crime Scene / Forensics
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

SECTION 9: POLICY & TRAINING INFRASTRUCTURE

Who is responsible for policy development/updates?	
How often are agency policies reviewed and/or updated?	<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> As Needed
Does agency have a dedicated training coordinator/unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Annual training budget (approximate)</i>	
Does agency use a Learning Management System (LMS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, which LMS?</i>	
Does agency have a formal FTO program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, the current number of FTO's</i>	

SECTION 10: PERSONNEL & HIRING

Pre-employment psychological evaluations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-employment polygraph examinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-employment drug screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background investigations conducted by?	<input type="checkbox"/> In-House <input type="checkbox"/> Contracted <input type="checkbox"/> Both

SECTION 11: USE OF FORCE & EQUIPMENT

Does agency issue conducted energy devices (Tasers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, brand/model</i>	
Does agency issue OC spray/pepper spray?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized duty firearms	
Who is responsible for use of force reviews?	
Does agency have a Use of Force tracking system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early Warning/Early Intervention system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 12: TECHNOLOGY & SYSTEMS

Records Management System (RMS)	
Computer-Aided Dispatch (CAD) System	
Document Management System (e.g., PowerDMS)	
Does agency utilize body worn cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Body Worn Camera System</i>	
Does agency utilize in-car cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>In-Car Camera System</i>	
Electronic citation system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, which system?</i>	

Types of vehicles requiring license/special training (check all that apply):

<input type="checkbox"/> Patrol Vehicle	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Bicycle
<input type="checkbox"/> ATV	<input type="checkbox"/> Side-by-Side / UTV	<input type="checkbox"/> Drone / UAS
<input type="checkbox"/> Helicopter	<input type="checkbox"/> Fixed Wing Aircraft	<input type="checkbox"/> Boat / Marine
<input type="checkbox"/> Special Purpose (SWAT)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

SECTION 13: EMERGENCY COMMUNICATIONS CENTER (ECC)

Name of Emergency Communication Center	
Does the agency operate its own communications center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>ECC Current # of Personnel</i>	
<i>ECC # of Budgeted Personnel</i>	
Does the communications center dispatch for multiple agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Types of Calls Handled</i>	

ECC Supervisor	
ECC Supervisor Email	
Office Phone #	
Cell Phone #	

SECTION 14: PROPERTY & EVIDENCE

Total Items in Property and Evidence	
Total High Risk Items (Guns, Money, Drugs)	
How often is a 100% audit completed?	<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Other
How does your agency dispose of drugs?	
Does agency utilize off-site storage facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property & Evidence Supervisor	
P&E Supervisor Email	
P&E Supervisor Phone Number	

SECTION 15: TEMPORARY HOLDING FACILITY

Does your agency have a temporary holding facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, maximum capacity of holding area</i>	
Do you process photographs or fingerprints of arrestees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a central booking facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, booking facility name and address:</i>	

SECTION 16: EMERGENCY MANAGEMENT

Does agency have a formal Emergency Operations Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does agency participate in regional EM exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your agency NIMS compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 17: RISK MANAGEMENT & LIABILITY

Does agency have a risk management liaison?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, name and contact info</i>	
Personnel complaints filed in past 12 months	
Does agency carry LE liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, insurance provider</i>	<input type="checkbox"/> AMRRP <input type="checkbox"/> Self-Insured

SECTION 18: BILLING CONTACT

Billing Contact Name	
Billing Contact Phone Number	
Billing Contact Email	

SECTION 19: ASSESSMENT LOGISTICS

Conference room or meeting room available for on-site assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note any special agency considerations for the on-site assessment	

Known scheduling conflicts in next 18-24 months (construction, major events, leadership transitions, etc.):

SECTION 20: ADDITIONAL COMMENTS

SECTION 21: CEO COMMITMENT & SIGNATURE

In my capacity as CEO of the aforementioned agency, I hereby affirm our commitment to the Arizona Law Enforcement Accreditation Program (ALEAP). We understand that our involvement in ALEAP is a vital part of maintaining high standards of law enforcement practice within our agency.

By signing this document, I agree that our agency will remain an active participant in the ALEAP process. We will provide ongoing oversight and ensure adherence to the required standards throughout our years of continued enrollment. We recognize that active participation includes timely submission of all required documentation, adherence to ALEAP standards, and cooperation during the assessment processes.

We are committed to continuous improvement and will dedicate the necessary resources to uphold the integrity of this accreditation process. Our participation in ALEAP demonstrates our dedication to excellence in law enforcement and our commitment to the community we serve.

CEO or Authorized Agency Representative Name

Date

Signature

SUBMISSION INSTRUCTIONS

Please submit completed application with all required attachments to the **Arizona Law Enforcement Accreditation Program's Director**: stacyolson@azchiefsopolice.org

Please ensure the required attachments are submitted with your application:

- ☐ Agency Patch (jpg or png file)
- ☐ Most Recent Agency Annual Report
- ☐ Department Organizational Chart
- ☐ Detailed Map of Service Area