

**New Jersey State Association of Chiefs of Police
New Jersey Law Enforcement Accreditation Commission**

STATE ACCREDITATION APPLICATION (Please print or type)

Agency _____

Address _____

City _____ **Zip** _____ **County** _____

Does your agency have a website? (If so, please list) _____

Chief Executive Officer _____

CEO e-mail _____

Authorized Full Time Sworn Law Enforcement Personnel _____

Authorized Full Time Sworn Law Enforcement Personnel _____

Total Personnel (include full time non-sworn) _____

Accreditation Manager (AM) _____

AM email _____

AM Phone (include area code and extension) _____

AM Fax (include area code) _____

Chief Executive Officer Signature Date

Agency is a nationally accredited agency with CALEA YES NO

Please send completed application and the attached Agency Status Survey to: NJSACOP Law Enforcement Accreditation Program, 11,000 Lincoln Drive West, Suite 12, Marlton, New Jersey 08053.

Your agency will be invoiced for accreditation fees and sent an agreement. Please contact the Program Manager for additional information at 732-236-9864.