



# 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)? *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*

Which Program Method do you intend to use during initial recognition? *Not required for CALEA Agencies*

Electronic Submission  PowerDMS

\_\_\_\_\_  
Chief Law Enforcement Officer Signature

\_\_\_\_\_  
Date

**Please scan and send completed application to the MLEAP Program Director:**  
[Shawn.oleary@diriogafety.com](mailto:Shawn.oleary@diriogafety.com) or mail to MCOPA, Attention Shawn O'Leary, Dirigo Safety LLC, 225 First Flight Drive, Auburn, ME 04210