

**NEW HAMPSHIRE LAW ENFORCEMENT  
ACCREDITATION COMMISSION**

c/o New Hampshire Police Standards and Training

Council 17 Institute Drive, Concord, NH 03301

603-271-2133

[www.pstc.nh.gov/accreditation](http://www.pstc.nh.gov/accreditation)



**NEW HAMPSHIRE LAW ENFORCEMENT  
ACCREDITATION PROGRAM**

**Enrollment Application**

**PART I. AGENCY INFORMATION**

**Agency**

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(If different than above)*

Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Number of Full-time Police Officers: \_\_\_\_\_ Number of Part-Time Police Officers: \_\_\_\_\_

**Chief Executive Officer**

Chief Executive Officer: \_\_\_\_\_  
*(Name and Title)*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Accreditation Manager**

Accreditation Manager: \_\_\_\_\_  
*(Name and Title)*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PART II. ELIGIBILITY STATEMENT AND LEGAL BASIS**

**ELIGIBILITY STATEMENT:** Authorized entities within the State of New Hampshire having mandated responsibilities to enforce laws and having personnel with general or special law enforcement powers are eligible to participate in the accreditation program of the New Hampshire Law Enforcement Accreditation Commission. These entities include, but are not limited to, municipal, county, state and specialized law enforcement agencies (university, etc.). Please indicate your agency type below:

Municipal     State     County    Specialized: \_\_\_\_\_

**PART III. INVOICE/AGENCY PARTICIPATION FEE FOR ACCREDITATION**

There are no enrollment fees at this time, as the accreditation program is being supported by federal grant funding from the COPS Office.

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As a condition of enrollment, agencies are required to use the PowerDMS PowerStandards software for standards management. Costs associated with the use of this software ARE NOT included in the enrollment and should NOT be submitted as part of this application to the Program. The cost associated with the use of this software are tiered, \$550 annually for agencies with 50 employees or less, and \$650 annually for agencies with over 50 employees.

**PART IV. AFFIRMATION**

Our agency commits to working with the Commission toward accreditation. It is a non-adversarial, cooperative relationship. We agree to provide the Commission with all required documentation concerning our agency and necessary access to our agency to determine accreditation. We understand that our agency may withdraw from the process at any time upon written notice to the Commission.

**For the Agency:**

\_\_\_\_\_  
*Signature of Chief Executive Officer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed/Printed Name*

\_\_\_\_\_  
*Typed/Printed Title*

**For the Commission:** REVIEWED AND APPROVED BY: \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*