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



NEW HAMPSHIRE LAW ENFORCEMENT ACCREDITATION PROGRAM

Enrollment Application for FY2024

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 Exe	cutive Officer	
Chief Executive Officer: (Name and Title)		
(Name and Title)		
Telephone:	Fax:	
E-Mail Address:		
Accreditation Manager		
Accreditation Manager:		
Telephone:	Fax:	
E Moil Address		

PART II. ELIGIBILITY STATEMENT AND LEGAL BASIS

ELIGIBILITY STATEMENT: Authorized entities we responsibilities to enforce laws and having personnel wit to participate in the accreditation program of the New Commission. These entities include, but are not limit enforcement agencies (university, etc.). Please indicates	th general or special law er Hampshire Law Enforcen ed to, municipal, county,	nforcement powers ment Accreditation	s are eligible
Municipal State County Spec	cialized:		
PART III. INVOICE/AGENCY PARTICIPA The fee for participating in the New Hamps	hire Law Enforcement	# Full-Time	FY 2024's
Accreditation Program for the 2024 fiscal year is based on agency size (i.e., on the number of <i>full-time</i> police officers in the agency, <i>only</i>).		Police Officers	\$500.00
		10-25	\$750.00
There are four agency size categories. To con-	9	26-75	\$1,000.00
subsequent fees will be invoiced annually. All fees paid to the Commission are non-refundable.		>75	\$1,500.00
c/o New Hampshire Police Star 17 Institut Concord, New H As a condition of enrollment, agencies are required standards management. Costs associated with the use fees and should NOT be submitted as part of payment v	te Drive Hampshire 03301 to use the PowerDMS I of this software ARE NO	PowerStandards s T included in the	
PART IV. AFFIRMATION			
Our agency commits to working with the Comm cooperative relationship. We agree to provide the Co our agency and necessary access to our agency to de may withdraw from the process at any time upon writte For the Agency:	ommission with all require etermine accreditation. We	ed documentation e understand that	concerning
Tor the rigency.			
Signature of Chief Executive Officer			_
Typed/Printed Name	Typed/P	rinted Title	
For the Commission: REVIEWED AND APPROVED E	BY:		
 Date	 Title		