

110 Haverhill Road – Suite 397
Amesbury, Massachusetts 01913
978-834-5180

www.masspoliceaccred.net



MASSACHUSETTS POLICE ACCREDITATION PROGRAM

Application and Invoice for FY2018

July 1, 2017 – June 30, 2018

PART I. AGENCY INFORMATION

Agency

Agency Name: _____

Street Address: _____

Mailing Address: _____
(If different than above)

Telephone: () _____ County: _____

Number of Full-time Police Officers: _____

Chief Executive Officer

Chief Executive Officer: _____
(Name and Title)

Telephone: () _____ Fax: () _____

E-Mail Address: _____

Accreditation Manager

Accreditation Manager: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

PART II. ELIGIBILITY STATEMENT AND LEGAL BASIS

A. ELIGIBILITY STATEMENT. Entities having mandated responsibilities to enforce laws and having personnel with general or special law enforcement powers are eligible to participate in the certification and/or accreditation programs of the Massachusetts Police Accreditation Commission, Inc. These entities include, but are not limited to, municipal law enforcement agencies, state police agencies, and specialized law enforcement agencies (e.g., transit, university, etc.). Please indicate your agency type:

_____municipal _____state specialized: _____

B. STATUTORY OR LEGAL BASIS. Please cite where sworn agency personnel derive their legal authority:

PART III. INVOICE

A. AGENCY PARTICIPATION FEE FOR CERTIFICATION and ACCREDITATION. **The fee for participating in the Commission’s Certification and Accreditation Program in FY2018 (July 1, 2017 through June 30, 2018) is \$1,250.** The *pro-rated* fee for partial year enrollment is \$100 per month. To continue in the Program, subsequent fees will be invoiced annually. Agencies with ten (10) or fewer full-time Police Officers pay 50% of the annual fee (\$625). All fees paid to the Commission are non-refundable.

The Commission’s Tax Identification Number is 45-0536436.

Please make your check payable to the MASSACHUSETTS POLICE ACCREDITATION COMMISSION, INC. and forward with this application to the following address:

*Massachusetts Police Accreditation Commission
110 Haverhill Road – Suite 397
Amesbury, Massachusetts 01913*

The commitment our agency must make in working with the Commission toward accreditation/certification is understood and accepted. We agree to provide all required documentation concerning our agency to the Commission in order to determine accreditation/certification. It is also understood that our agency is entering into a non-adversarial working relationship with the Commission and 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