NCLEA
North Carolina
Law Enforcement Accreditation

Application for Enrollment Form

Application process open to all agencies across the State of North Carolina

* Required

AGENCY PROFILE

1. Agency Name: *

2. Agency Street Address: *

3. City, Zip, County: *

4. Agency Website (if applicable):

5. Agency Chief Executive Officer (CEO) Name: *

6. CEO Telephone: *

7. CEO Email: *

8. Accreditation Manager (AM) Name: *

9. AM Telephone: *

10. AM Email: *

CURRENT ACCREDITED STATUS

11. Is your agency currently accredited by any other accreditation program? *

   ⭘ Yes

   ⭘ No

12. If YES to question 11, with which accrediting agency:

   ⭘ CALEA

   ⭘ IACALEA

   ⭘ Other

13. If YES to question 11, what year(s):

   [   ]

14. If YES to question 11, what level is the agency accredited? ie: Tier 1, Advanced

   [   ]

AGENCY SIZE

15. Authorized Full Time Sworn Personnel: *

16. Authorized Part Time Sworn Personnel: *

17. Authorized Full Time Non-Sworn Personnel: *

18. Authorized Part Time Non-Sworn Personnel: *

19. Does agency utilize Reserve Police Officers? (e.g., communications, records, crossing guards, etc.): *

○ Yes

○ No

20. Briefly describe Reserve Police Officers' duties:

[   ]

21. Does agency utilize volunteers (e.g., interns, CERT, VIPs, etc.)??   *

    ○ Yes

    ○ No

22. Briefly describe volunteer duties:

[   ]

GEOGRAPHIC AREA OF RESPONSIBILITY

23. Square mileage of service area: *

24. Population (latest Census): *

25. Indicate any property located within the confines of another political subdivision for which your agency has law enforcement responsibility (e.g., airports, storage facilities, garages, schools, colleges, etc.): *

26. If the agency has entered into a contractual agreement for the provision or receipt of law enforcement services with another jurisdiction, indicate the services provided and the name(s) of recipient entities: *

PERSONNEL FUNCTIONS

Which department or internal function handles agency personnel?

27. Department Name: *

28. Department Address: *

29. Contact Name: *

30. Contact Telephone: *

31. Contact Email: *

WORKFORCE (RANKS ABOVE CAPTAIN)

Indicate the number of employees for each category:

32. Administration - ranks above Captain *

33. Patrol - ranks above Captain *

34. Investigations - ranks above Captain *

WORKFORCE (RANKS OF CAPTAIN)

Indicate the number of employees for each category:

35. Administration - ranks of Captain *

36. Patrol - ranks of Captain *

37. Investigations - ranks of Captain *

WORKFORCE (RANKS OF LIEUTENANT)

Indicate the number of employees for each category:

38. Administration - ranks of Lieutenant *

[   ]

39. Patrol - ranks of Lieutenant *

[   ]

40. Investigations - ranks of Lieutenant *

[   ]

WORKFORCE (RANKS OF SERGEANT)

Indicate the number of employees for each category:

41. Administration - ranks of Sergeant *

42. Patrol - ranks of Sergeant *

43. Investigations - ranks of Sergeant *

WORKFORCE (RANKS OF OTHER SUPERVISORY)

Indicate the number of employees for each category:

44. Administration - ranks of other supervisory *

45. Patrol - ranks of other supervisory *

46. Investigations - ranks of other supervisory *

WORKFORCE (RANKS OF OFFICER/DETECTIVE)

Indicate the number of employees for each category:

47. Administration - ranks of officer/detective *

48. Patrol - ranks of officer/detective *

49. Investigations - ranks of officer/detective *

WORKFORCE (RANKS OF OTHER SWORN) E.G. RESERVE, ETC.

Indicate the number of employees for each category:

50. Administration - ranks of other sworn *

51. Patrol - ranks of other sworn *

52. Investigations - ranks of other sworn *

WORKFORCE (RANKS OF CIVILIAN)

Indicate the number of employees for each category:

53. Administration - ranks of civilian *

[   ]

54. Patrol - ranks of civilian *

[   ]

55. Investigations - ranks of civilian *

[   ]

WORKFORCE (RANKS OF OTHER)

Indicate the number of employees for each category:

56. Administration - ranks of other *

57. Patrol - ranks of other *

58. Investigations - ranks of other *

59. Provide additional comments on your workforce (if any):

COMMUNICATIONS

60. Does the agency operate its own communications center? *

⭕ Yes

⭕ No

61. If **Yes**, where is the center located?

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[                                                              ]
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62. If **No**, who manages and operates the communications center, and where is it located?

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[                                                              ]
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SUBSTATIONS OR OTHER FACILITIES

63. List the address and type of any facilities used by your agency other than those already provided (e.g., substations, precincts, training facilities, etc.):

HOLDING FACILITIES

64. Does your agency have a holding facility? *

    ◯ Yes

    ◯ No

65. If **Yes**, what is the maximum capacity of the holding facility/area?

    [   ]

66. Do you process (photograph, fingerprint) arrestees at your facility? *

    ◯ Yes

    ◯ No

67. Do you use a central booking facility for processing, detention and/or transporting to jail facilities (e.g. county or state facility)? *

    ◯ Yes

    ◯ No

68. If yes, which booking facility do you use (please include name and address):

69.
Additional information (if necessary):

VEHICLES

70. Please list the type of vehicles utilized by your agency (e.g., including bicycles, motorcycles, ATVs, helicopters, etc.):   *

DOCUMENT MANAGEMENT SYSTEMS

71. What system, if any, do you currently use for document management?   *

   ○ PowerDMS

   ○ Lexipol

   ○ PM/AM

   ○ None

   ○ Other

COMMENTS

72. Please provide any additional information NCLEA needs to know about the operations and functions of your agency: *

AUTHORIZED BY:

73. Chief Executive Officer (Digital Signature) *

[ ]

74. Signature Date: *

[📅]