



AACOPAP

Alabama Association of Chiefs of Police Accreditation Program



Application for Enrollment Form

Application process open to all agencies across the State of Alabama

ELIGIBILITY

All law enforcement agencies having a primary responsibility for the enforcement of Alabama State Laws and or County or City ordinances are eligible for accreditation. Questions of eligibility will be resolved by the AACOP Executive Committee.

AGENCY PROFILE QUESTIONNAIRE

The agency Profile Questionnaire is designed to provide information about your agency. The information will be utilized by the AACOP and your accreditation assessment team to better understand your agency's needs. It may also be used to provide a general profile of agencies attempting to upgrade standards of law enforcement across Alabama.

AGREEMENT

With this application we agree to adopt and utilize policies in compliance with the Professional Standards adopted by the AACOP. We further agree that we will assist the assessors assigned to make the assessment of compliance of our agency. Professional law enforcement personnel will conduct the inspection and we agree to allow them access to our department records and personnel for the purposes of assessment.

We understand the commitment our agency will be making in order to work with the AACOP and accept all of the above.

This report is subject to the provisions of the Freedom of Information Act and may be subject to review by third parties.

* **Required**

AUTHORIZED BY:

1. Chief Executive Officer (Digital Signature) * _____
2. Signature Date: * _____

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: *
11. Agency AACOP District: *



CURRENT ACCREDITED STATUS

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

- ☐ Yes
- ☐ No

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

- ☐ CALEA
- ☐ IACALEA
- ☐ Other

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

15. If **YES** to question 11, what level is the agency accredited?
le: Tier 1, Advanced

AGENCY SIZE

16. Authorized Full Time Sworn Personnel: *

17. Authorized Part Time Sworn Personnel: *

18. Authorized Full Time Non-Sworn Personnel: *

19. Authorized Part Time Non-Sworn Personnel: *

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

- ☐ Yes
- ☐ No

21. Briefly describe Reserve Police Officers' duties:

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

- ☐ Yes
- ☐ No

23. Briefly describe volunteer duties:

GEOGRAPHIC AREA OF RESPONSIBILITY

24. Square mileage of service area: *

25. Population (latest Census): *

26. 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.): *

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

PERSONNEL FUNCTIONS

Which department or internal function handles agency personnel?

28. Department Name: *

29. Department Address: *

30. Contact Name: *

31. Contact telephone: *

32. Contact Email: *

WORKFORCE (RANKS ABOVE CAPTAIN)

Indicate the number of employees for each category:

33. Administration- ranks above Captain *

34. Patrol-ranks above Captain *

35. Investigation- ranks above Captain *

WORKFORCE (RANKS OF CAPTAIN)

Indicate the number of employees for each category:

36. Administration- ranks of Captain *

37. Patrol- ranks of Captain *

38. Investigations- ranks of Captain*

WORKFORCE (RANKS OF LIEUTENANT)

Indicate the number of employees for each category:

39. Administration- ranks of Lieutenant *

40. Patrol- ranks of Lieutenant *

41. Investigation- ranks of Lieutenant *

WORKFORCE (RANKS OF SERGEANT)

Indicate the number of employees for each category:

42. Administration- ranks of Sergeant *

43. Patrol- ranks of Sergeant *

44. Investigation- ranks of Sergeant *

WORKFORCE (RANKS OF OTHER SUPERVISORY)

Indicate the number of employees for each category:

45. Administration- ranks of other supervisory *

46. Patrol- ranks of other supervisory *

47. Investigation- ranks of other supervisory *

WORKFORCE (RANKS OF OFFICER/DETECTIVE)

Indicate the number of employees for each category:

48. Administration- ranks of office/ detective *

49. Patrol- ranks of officer/detective *

50. Investigation- ranks of officer/detective

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

Indicate the number of employees for each company

51. Administration- ranks of other sworn *

52. Patrol- ranks of other sworn *

53. Investigation- ranks of other sworn *

WORKFORCE (RANKS OF CIVILIAN)

Indicate the number of employees for each category:

54. Administration- ranks of civilian *

55. Patrol- ranks of civilian *

56. Investigations- ranks of civilian *

WORKFORCE (RANKS OF OTHER)

Indicate the number of employees for each category:

57. Administration- ranks of other *

58. Patrol- ranks of other *

59. Investigations- ranks of other *

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

COMMUNICATIONS

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

- ☐ Yes
- ☐ No

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

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

SUBSTATIONS OR OTHER FACILITIES

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

HOLDING FACILITIES

65. Does your agency have a holding facility? *

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

69. If **Yes**, which booking facility do you use (please include name and address):

70. Additional information (if necessary):

VEHICLES

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

DOCUMENT MANAGEMENT SYSTEM

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

- ☐ Power DMS
- ☐ Lexipol
- ☐ PM/AM
- ☐ None
- ☐ Other

POLICIES

DATE OF LAST MAJOR REVISION/UPDATE OF POLICIES AND PROCEDURES _____

POLICY	YES	NO
PURSUIT		
PERSONNEL RECRUITMENT AND SELECTION		
SCREENING OF APPLICANTS		
PERFORMANCE EVALUATIONS		
DISCIPLINE		
PROMOTION		
GRIEVANCES		
USE OF FORCE /CHOKEHOLDS & CAROTID (VASCULAR) NECK RESTRAINTS		
BASIC TRAINING		
TRAINING FOR SUPERVISORS		
PUBLIC INFORMATION/MEDIA RELATIONS		
INVENTORY AND ACCOUNTABILITY OF EVIDENCE AND PROPERTY		
TRAFFIC ACTIVITY(ENFORCEMENT, TOWING, VEHICLE IMPOUNDMENT)		
JUVENILE OPERATIONS		
HANDLING THE MENTALLY ILL		
DOMESTIC VIOLENCE		
CRIMINAL INVESTIGATION		
SOCIAL MEDIA		
PRISONER TRANSPORT AND CUSTODY		
COMMUNICABLE DISEASES		
TAKE HOME VEHICLES		
NALOXONE (NARCAN) USAGE		
USE OF REFLECTIVE VEST		

BODY WORN CAMERAS		
ACTIVE SHOOTER RESPONSE		
FIERARMS QUALIFICATION & TRAINING		
RACIAL PROFILING		
OFFICER CONDUCT		
OFFICER INVOLVED SHOOTING		
CONDUCTIVE ENERGY DEVICE		
SUPERVISED FIELD TRAINING		

COMMENTS

73. Please provide any additional information the AACOPAP may need to know about the operation and functions of your agency: *

ALEA ACCREDITATION FEE STRUCTURE

NUMBER OF SWORN POSITIONS	INITIAL FEE	ANNUAL CONTINUATION FEE
1-50	\$200.00	\$100.00
51-100	\$200.00	\$100.00
101-200	\$200.00	\$100.00
201-UP	\$200.00	\$100.00