**Application**

**Illinois Law Enforcement Accreditation Program (ILEAP)**

|  |  |
| --- | --- |
| **Police Chief/Sheriff:** |  **Contact Person:** |
| **Agency:** |  |
| **Address:** |  |
| **City, Zip:** |  |
| **Telephone Number:** |  |
| **Fax Number:** |  |
| **E-Mail Address:** |  |

**Please complete the following items.**

*If you have any questions contact:* **Jeff Hamer, ILEAP Director:**
**ILEAPStaff@gmail.com 309-333-0684**

1. Is your department currently accredited? Select One - Yes No

2. If you answered yes to #1 please list your accreditations below:

|  |
| --- |
| 1. |
| 2. |
| 3. |

3. Please indicate which Tier in ILEAP you are applying for:
\_\_\_ Tier 1: $400 annually starting with this application \_\_\_ Tier 2: $800 annually

 \_\_\_\_\_ Tier 2: $800 annually, but apply under the ILACP ILEAP Grant Program\*

 \*must be approved by ILEAP Director Hamer

**Note:** Illinois Law Enforcement Accreditation is valid for 4 years (at time of notification from the Illinois Law Enforcement Accreditation Council). After that time, your agency may renew its accreditation at the Tier 1 or Tier 2 levels, or move from Tier 1 to Tier 2.

4. Payment submitted with application? Select One - Yes No

**Note:** You may either submit a check or money order with your application or you may contact the ILACP by phone at: 217.523.3765 and pay by credit card.

**5.** Please indicate if the applying Chief or Sheriff is a member of the Illinois Association of Chiefs of Police.

 Select One – Yes No

**Please submit application form and payment to:
Illinois Association of Chiefs of Police, 426 S. Fifth St., Springfield, IL 62701**217.523.3765