



ACCREDITATION PROGRAM APPLICATION

PART I. AGENCY INFORMATION

Agency Name:

Address:

Agency's Chief Executive Officer:

Title:

Telephone:

E-mail:

Fax:

Agency's Accreditation Manager:

Title:

Telephone:

E-mail:

Fax:

PART II. AGENCY DEMOGRAPHICS

Agency type:

Municipal State College/University Other

Number of Sworn Members

Civilians

The commitment our agency must make in working with RIPAC toward state accreditation is understood and accepted. We agree to provide all required documentation concerning our agency to RIPAC. It is also understood that our agency is entering into a non adversarial working relationship with RIPAC and that our agency may withdraw from the accreditation process at any time providing RIPAC written notice. We understand Invoices will be sent on an annual basis and must be paid within 30 days of receipt.

For the Agency:

By: _____
(Chief Executive Officer's Signature) (Title typed)

(Name typed) (Date)