



**Texas Police Chiefs Association**  
**RECOGNIZED AGENCY PROGRAM**  
**APPLICATION FOR RECOGNITION**

Name of Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Police Chief: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Sworn Officers: \_\_\_\_\_ Non-Sworn: \_\_\_\_\_ Total Personnel: \_\_\_\_\_

Service Area Population: \_\_\_\_\_ Government Type: \_\_\_\_\_

TPCA Member: \_\_\_ Yes \_\_\_ No TPCA Region: \_\_\_\_\_ County: \_\_\_\_\_

CALEA Accredited: \_\_\_ Yes \_\_\_ No

Has the Chief of Police attended the Familiarization Training Program? \_\_\_ Yes \_\_\_ No

Has the Agency Program Manager attended the Familiarization and Manager/Facilitator Training Program? \_\_\_ Yes \_\_\_ No

After reviewing the Best Business Practices, how many months do you anticipate needing to comply with the standards? \_\_\_\_\_. (Agencies are allowed 24 months.)

Which Program Method so you intend to use?

\_\_\_\_\_ Full Review (all Paper – 3-day on-site)

\_\_\_\_\_ Electronic Submission (2-day on-site)

\_\_\_\_\_ Mail/Shipp Option (2-day on-site)

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Police Chief's Signature

\_\_\_\_\_  
Date

**Please send completed application to:**

**Texas Police Chiefs Association, Recognized Agency Program**

**P.O. Box 1030**

**Elgin, Texas 78621,**

**Phone: (512) 281-5400, Toll Free: (877) 776-5423, Fax: (512) 281-2240**