



**New Mexico Local Government Accreditation Program
 Adult Detention Professional Standards Council
 Headquarters: New Mexico Association of Counties 444
 Galisteo Street, Santa Fe, NM 87501**



AGENCY APPLICATION

Facility Name: _____ Phone Number: _____

Street Address: _____

County: _____ Zip: _____

Detention Administrator: _____ Title: _____

Detention Officers/Supervisors: _____ # Civilian Staff: _____

Total Personnel: _____ Annual Budget: _____

Facility Bed Capacity: _____ Average Daily Inmate Population: _____

With this application, the county agrees to comply with the Adult Detention Professional Standards adopted by The New Mexico Adult Detention Professional Standards Council in October 2018. The assessment will be conducted by specially trained professional assessment personnel, and the county agrees to give them access to all areas of the facility, inmates, contract staff, and documents for this purpose.

The commitment our department must make in working with New Mexico Counties Adult Detention Professional Standards Council toward Accreditation is understood and accepted.

By: _____
Signature

By: _____
Signature

County Manager (print)

Detention Administrator (print)

Date

Date