



New Mexico Emergency Communications Professional Standards Accreditation Program



Headquarters: New Mexico Counties
444 Galisteo Street Santa Fe, NM 87501

AGENCY APPLICATION

Initial _____

Re-Accreditation _____

Department Name: _____ Phone Number: _____

Street Address: _____ PO BOX: _____

City: _____ ZIP: _____

Department Chief Executive Officer: _____ Title: _____

Phone: _____ Email: _____

Project Coordinator or Manager: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Certified Dispatchers: _____ # Non-Certified Personnel: _____ Total Personnel: _____

Annual Budget: _____ Square Miles Served: _____

Population of Service Area: _____ Seasonal Population increase to: _____ When: _____

Accredited by New Mexico Emergency Communications Professional Standards Council on Accreditation?

Yes _____ (Date _____) No _____

Agreement: With this application, we agree to comply with the Professional Standards adopted by the New Mexico Emergency Communications Professional Standards Council (NMECPSC) in September 2014. We understand the inspection will be conducted by professional emergency communications personnel, and agree to allow them access to our department for this purpose. The commitment our department must make in working with the NMECPSC toward inspection is understood and accepted.

We understand our initial payment of \$2,500.00 will cover our participation until our first re-accreditation date. Payment will be required every 3 years thereafter upon successful re-accreditation.

DATE: _____

By: _____

Signature

(Typed/Printed Name)

(Title)

Official Use Only:	
Fee	\$2,500.00
Date Received	_____
Acknowledgment Date	_____