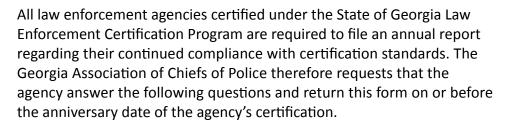
Georgia Law Enforcement Certification Program ANNUAL COMPLIANCE REPORT





AGENCY NAME:			
ADDRESS:			
Direct Phone:	Cell:		
Email:			
o INITIAL DATE	OF CERTIFICATION:		
o DATE OF RE-C	ERTIFICATION:		
o ANNUAL REPO	ORT DUE:		
standards? b) W	n or mechanism is in place to monitor and ensure agency compliance with applicable hat standards is the agency stating are non-applicable? I space is necessary for any answer, use an additional sheet of paper.		
standards? b) W	hat standards is the agency stating are non-applicable?		

Rev. 03/2022 -1-

2.	Has the agency remained in compliance with all applicable standards throughout the preceding 12 months? Yes: -2- No: If no, please provide the following information for each standard that the agency did not consistently implement:
	a. The standard number;b. Reason(s) for the non-compliance;c. Whether or not the agency currently is in compliance;
	 d. The length of time the agency was not in compliance; and e. A plan and timetable for re-establishing compliance if the agency has not already done so
3.	During the past 12 months, have there been any significant developments that have had or are likely to have a substantial impact on the way in which your agency implements program standards? Yes:
	No:
	If yes, please explain:

4.	During the past 12 months, has the agency substantially revised the policies and procedures used to implement any of the program standards?
	Yes: No: No:
5.	During the past 12 months, has the agency initiated any new services or assumed new responsibilities that fall within the scope of standards, which were previously considered to be not applicable? Yes: No: No:
	If yes, describe and indicate whether or not the agency has developed policies and procedures to implement the standard(s) in question.
	IEF EXECUTIVE OFFICER CERTIFICATION : I hereby certify that this agency continues to comply with all plicable certification standards except as may be indicated above.
Sig	nature of Chief Executive Officer:
Pri	nted Name of Chief Executive Officer:
Da	te:
Pre	epared by:
Titl	le: Telephone:
Ple	ease return this form and all supporting documentation to:
Ge Du	Densmore, State Certification Coordinator orgia Law Enforcement Agency Certification Program 3500 luth Park Lane, Suite 700 luth, Georgia 30096

Rev. 03/2022 -3-