



**OHIO COLLABORATIVE  
LAW ENFORCEMENT AGENCY CERTIFICATION**

**AGENCY APPLICATION**

Check One:     Initial Certification     Re-certification

Law Enforcement Agency Name:

County:

Originating Agency Identifier Number (ORI #): Enter 9-character ORI in format OHXXXXXXXX

Law Enforcement Agency Address

**Agency Chief or Sheriff**

Name:

Phone:

E-mail:

**Agency Contact for Certification**

Name: (if same as Chief or Sheriff, enter 'Same as above')

Phone:

E-mail:

**Agency Policy Management Contact**

Name:

Phone:

E-mail:

**Agency Coverage Status**

24/7

Part Time (Other agency that covers your jurisdiction during off-hours: Enter name of other agency)

**Agency Size**

Authorized Sworn

Full Time:

Part Time:

Auxiliary Officers

Full Time:

Part Time:

Volunteers

Full Time:

Part Time:

Total:

**Attachments**

Please e-mail or fax the following information with this application:

- Agency organizational chart
- Agency personnel roster
- Detailed map of service area

Application Prepared By/ Name:

Title:

Date: MM/DD/YYYY

Please e-mail application form and attachments to [ohiocollaborative@dps.ohio.gov](mailto:ohiocollaborative@dps.ohio.gov) or fax to 614-466-5061.