



CMM Supplemental Application

Municipal Law Enforcement



A. Municipal Law Enforcement Professional

		Completed	Documented*	Office Use	
ALL	1. Municipal Law Enforcement Officer Certified (MLEO (c))	<input type="checkbox"/>	<input type="checkbox"/>		
	2. MLEOA Courses/Annual Training seminars/workshops or professionally related workshops/conferences (minimum 20 hours)	<input type="checkbox"/>	<input type="checkbox"/>		
	3. Employment Experience <u>4 years</u> , (7,280 hours) Enforcement experience	<input type="checkbox"/>	<input type="checkbox"/>		
Note: Re-certification Requirement: (every 3 years) A minimum of 12 hours work related training, at least 6 through MLEOA					
Title: _____	Employer: _____	Start: _____ to _____	month/year month/year		
Title: _____	Employer: _____	Start: _____ to _____	month/year month/year **		

*Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application ** Provide detail if additional positions

B. Municipal Law Enforcement Executive (above requirements and CMM II)

		Completed	Documented*	Office Use	
ALL	1. 4 x Community College/University equivalent courses (at least one in Law Enforcement, Local Gov't or Mgt and one job related) (Minimum 120 hours)	<input type="checkbox"/>	<input type="checkbox"/>		
	2. MLEOA or professionally related courses/conferences/workshops (minimum 40 hours)	<input type="checkbox"/>	<input type="checkbox"/>		
	3. Employment Experience <u>7 years</u> (12,740 hours) Enforcement Experience (with 2 years, Full-Time in a Supervisory, Mgt or Senior Municipal Law Enforcement Position)	<input type="checkbox"/>	<input type="checkbox"/>		
Note: Re-certification Requirement (every 3 years) ALL { A. A minimum of 30 hours work related training, at least 15 through MLEOA B. Participation in the development, implementation or review of municipal or MLEOA policies and by-laws C. Prepared and presented a report, policy or by-law to a municipal council, committee of council or the MLEOA					
Title: _____	Employer: _____	Start: _____ to _____	month/year month/year		
Title: _____	Employer: _____	Start: _____ to _____	month/year month/year **		

*Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application ** Provide detail if additional positions

New applicants must attach their CMM Application
Complete all sections for accurate evaluation

C. 1. Applicant: _____ Employer: _____

2. Phone: _____ E-mail: _____

3. **Signature:** _____ **Date:** _____

4. **MLEOA Member** Yes No ****MLEOA Membership Required to Apply****

5. **Witness:** a) Municipal Official (**MLEOA** Member): _____
 b) Signature: _____ Title: _____
 * Witness identity only – not verification of content

Fee: \$245 (includes CMM & MLEOA Enhancement) HST Exempt

Cheque payable to OMMI or pay by VISA _____ Exp ___ / ___ CVV: _____ Corp Personal

Name on Card: _____