

**CONTINUATION OF SERVICE
REACTIVATION OF NM CERTIFICATION
PAPERWORK CHECKLIST**

The following documents must be submitted for approval and verification of eligibility to be recognized as not having a break in service and re-activation of your NM Law Enforcement Certification. **Incomplete applications will be returned.**

ITEMS REQUIRED BY ALL APPLICANTS

- Letter** addressed to the Director requesting approval of recognition of no break in law enforcement service and re-activation of NM Certification.
- Form No. LEA-6** – Criminal History Affidavit.
- Form No. LEA-11A** – Employment History Form.
- Form No. LEA-13A** – Training Status Verification Form (One per employing agency must be submitted).
- Copy** of any P.O.S.T. or Federal certified training transcript. (if available)
- Copy** of all advanced training certificates and in-service training certificates completed.

Mail Entire Packet to:
New Mexico Department of Public Safety
Training Center, DPS/TRD
4491 Cerrillos Road, Santa Fe, NM 87507

DPS Use Only:

Review by: _____ Date _____

 Incomplete - Returned to applicant Date returned: _____

Complete - Forwarded to Deputy Director Date forwarded: _____

Computation of Training Hours:

Basic Academy Hrs _____ Advanced/In-service Hours _____ Experience: _____

Total Hours: _____

Director Approval By: _____ Date Approved _____

Director Rejected By: _____ Date Rejected _____

Date notification sent to applicant: _____

APPLICANT AFFIDAVIT CRIMINAL HISTORY

Have you ever been **arrested**? (Include juvenile offenses) (Attach separate pages if necessary.)

Yes No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**:

Have you ever been **convicted** of any crime? (Attach separate pages if necessary.)

Yes No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

Have you ever been **pardoned**, entered into a **pre-prosecution diversion** program, or received a **suspended** or **deferred** sentence for any crime?

Yes No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

Have you ever been the **subject** of an **administrative investigation** for law enforcement officer, or telecommunicator misconduct, or received any administrative discipline as a law enforcement officer? (Attach separate pages if necessary.)

Yes No If yes, explain charge, circumstance and date of occurrence:

Have you ever served in the armed forces of the United States?

Yes No If yes, attach a notarized copy of DD214 with character of service.

I certify the above is true and correct to the best of my knowledge.

Applicant Name _____ **Date of Birth** _____
(Print name)

Applicant Signature _____

State of New Mexico }
County of _____ }SS

On this _____ day of _____, _____, before me personally appeared

_____ known to me to be the person whose name is subscribed to
(Applicant)

the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public _____ My commission expires: _____
(SEAL)

**CONTINUATION OF LAW ENFORCEMENT SERVICE
 EMPLOYMENT HISTORY**

 Print Applicant's Name

 Applicant's Address

 City State Zip

 Contact Phone Number Contact email

1. *Please print or type all employment since leaving New Mexico State, County, Or Local agency.*
2. *Use additional sheets if necessary.*

Beginning Employment Date:			Ending Employment Date:		
	Month Year			Month Year	
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:			Ending Employment Date:		
	Month Year			Month Year	
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:			Ending Employment Date:		
	Month Year			Month Year	
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

Beginning Employment Date:			Ending Employment Date:		
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:			Ending Employment Date:		
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:			Ending Employment Date:		
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:			Ending Employment Date:		
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

