

BASIC TRAINING AND RE-CERTIFICATION REQUEST

CHECK APPROPRIATE CATEGORY	
Law Enforcement Officer	Public Safety Telecommunicator
<input type="checkbox"/> NMDPS Basic Training <input type="checkbox"/> Certification by Waiver of Previous Training <input type="checkbox"/> Previously New Mexico Certified <input type="checkbox"/> Previously Certified in another State <input type="checkbox"/> NM Regional/Satellite Academy	<input type="checkbox"/> NMDPS Basic Public Safety Telecommunicator Training <input type="checkbox"/> Certification by Waiver of Previous Training <input type="checkbox"/> NM Regional/Satellite Academy

Please type or print all information. Incomplete applications will be returned.

Name:				
	Last	First	Middle	Maiden
Date of Birth:	Place of Birth:	Social Security Number:		Sex:
Applicant Mailing Address:				
()	Street or P.O. Box			
(Applicant Telephone Number)	City	State	Zip	
AGENCY NAME:				
Agency Contact Person:			Telephone Number	
Agency Mailing Address:				
	Street or P.O. Box			
	City	State	Zip	
Date of Employment:	Date of L.E. Commission:		Job Title:	
I certify that the foregoing information supplied by me is true and correct.				
Applicant Signature			Date	
<input type="checkbox"/> Registry Input Processed By (DPS use only)			<input type="checkbox"/> Training Processed By (DPS use only)	