

TELECOMMUNICATOR EMPLOYMENT VERIFICATION

I, _____ certify that
Please type or print **Department Head Name**
_____ was
Applicant Name
employed as a Telecommunicator with my agency on _____ and
Month Day Year
is responsible for emergency telecommunicator duties.

Department Head Signature _____

State of New Mexico }
County of _____ } SS

On this _____ day of _____, _____, before me personally
Appeared _____ known to me to be the person
Department Head
whose name is subscribed to the above instrument and acknowledged the same to be
his/her own free act and deed.

Notary Public _____ My commission expires: _____

(SEAL)