Status Verification Form
Certification by Waiver of Previous Training

State of New Mexico
Department of Public Safety
Training & Recruiting Division
4491 Cerrillos Road
Santa Fe NM 87507
(505) 827-9251

↓Applicant Section

APPLICANT: Please write legibly or type the information in this section

I, _____, do hereby authorize any and all persons, organizations and agencies to release, furnish and exchange any and all information relating to me for the purpose of determining my eligibility and suitability to be certified as a law enforcement officer in the State of New Mexico. This authorizes release to the New Mexico DPS Training and Recruiting Division and _____. I do hereby release from any and all liability all persons or entities disclosing information pursuant to this release.

Name (Last, First, MI)	*Social Security Number*	*Date of Birth (Month, Day, Year)*
Previous State or Federal Agency Certification	*Certification/License #*	*Type of Certification*
		☐Full-Time ☐Part-time ☐Reserve ☐Other:
Last Employing Agency	*Date of Separation*	*Reason for Separation*
		☐ Retired ☐ Resigned ☐ Terminated (Explain on separate sheet)

I certify that under the penalty of perjury that the above information is true. I understand that any falsification of the above information is grounds for denial or revocation of my New Mexico Law Enforcement Officer certification.

_____ _____
Signature of Applicant Date

Subscribed and sworn before me this _____ day of _____, _____ .

By _____ (Attach Seal Here)

Signature _____

Notary Public for the State of _____

And the County of _____

My Commission Expires:

↓Previous Law Enforcement Certifying State or Federal Agency Section

State/Federal Official: Please verify the information above, and provide the information below

(Please indicate all records of this applicant, most recent full-time employment first)

Agency	*City, State*	*Rank/Position*		*Month*	*Day*	*Year*
			Date Began			
			Date Separated			
			Date Began			
			Date Separated			
			Date Began			
			Date Separated			
			Date Began			
			Date Separated			

Training History

(Please indicate all basic/entry level law enforcement training of this applicant that is mandated by your agency or state)

Course Name/Type	*Location*	*Length (hours)*		*Month*	*Day*	*Year*
			Date Began			
			Date Completed			
			Date Began			
			Date Completed			

Status

Type of Certification	*Level of Certification*	*Status of Certification*	*In Compliance With Mandated Continuing Ed. Requirements?*
☐ Law Enforcement Officer ☐ Limited Authority ☐ Other:	☐ Basic ☐ Supervisory ☐ Intermediate ☐ Mid-Mgt ☐ Advanced ☐ Executive	☐ Current ☐ Expired ☐ Decertified\Revoked ☐ Other:	☐ Yes ☐ No ☐ N\A no requirement ☐ N\A Other:

A disciplinary/misconduct record exists for this applicant ☐ Yes ☐ No | Date certification will expire:

The information provided by the applicant is: ☐ Correct ☐ Incorrect (Explain on separate sheet)

_____ _____ _____
Signature of Authorized Federal/State Official Date Agency

Please return completed form to NMDPS Training & Recruiting Division, 4491 Cerrillos Road, Santa Fe NM 87507-9721 ATTN: Certification by Waiver