

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:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Last</td> <td style="text-align: center; font-size: small;">First</td> <td style="text-align: center; font-size: small;">Middle</td> <td style="text-align: center; font-size: small;">Maiden</td> </tr> </table>								Last	First	Middle	Maiden
Last	First	Middle	Maiden									
Date of Birth:	Place of Birth:	Social Security Number:	Race: Sex:									
Applicant Mailing Address:	Street or P.O. Box											
(Applicant Telephone Number) ()	City		State	Zip								
AGENCY NAME:												
Agency Contact Person:	Name/Title:		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									
DPS Use Only		DPS Use Only										
<input type="checkbox"/> Registry Input Processed By _____		<input type="checkbox"/> Training Processed By _____										
<input type="checkbox"/> Certification #: _____		<input type="checkbox"/> Permanent File#: _____										
Retired Law Enforcement Officer:		<input type="checkbox"/> Yes <input type="checkbox"/> No										