

**TELECOMMUNICATOR MENTAL, PHYSICAL, EMOTIONAL  
CERTIFICATION**

I, \_\_\_\_\_ certify that to the best of my knowledge  
Please type or print **Department Head**

\_\_\_\_\_ is free of any mental, physical, or  
**Applicant**  
emotional condition which might adversely affect his/her performance as a  
telecommunicator.

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)**