New Mexico Department of Public Safety
Training Center

VISION ACCOMMODATION REQUEST

1. Applicant Name (Last, First, Middle)	2. Birth Date (Mo./ Day/Year)
3. Department	

Eye and Vision Accommodation

This applicant exceeds minimum standards for uncorrected Distant vision: > 20/100 as tested on Section 1.1, page 12, of Medical form LEA-3. Agency must attest below to requiring the officer to wear corrective lenses at all times while functioning in an official capacity in the performance of their law enforcement duties.

I, _____certify that_____
Please type or print **Department Head** **Applicant**

As a member of this agency will wear corrective lenses at all times while in the official performance of their 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 whose name is subscribed
Department Head

to the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public_____My commission expires:_____

(SEAL)