

# How to fill out the NMLEA Application Packet

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- *Required Forms for Telecommunicators*
- *Common Reasons for Return*



# How to fill out the NMLEA PST Application Packet

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## **Course Objectives:**

- Prepare the various forms for certification as a telecommunicator to the requirements of DPS Training.
- Demonstrate the requirements to other preparers.
- Demonstrate an understanding of the statutory and NMLEA Board requirements for certification as a telecommunicator, and how they correspond to the forms.

# Why this course?

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- Agency turnover of personnel performing packet preparation.
- Lack of clear understanding of the requirements.
- A perception that the rules keep changing.
- Frustration with returns (Agencies and NMLEA).
- It's better for everyone if it's done right the first time.

# Who needs to apply?

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## ***Telecommunicator:***

- All telecommunicators full time, part-time, or volunteer (Can be a police officer, jailor, or other person who has this as a regular assignment).

# When must the Packet be submitted?

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## **Telecommunicator:**

- Within 30 days of hire (10.29.10.10 B.1 NMAC)

# The Forms

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# Applicant Packet Checklist

## Public Safety Telecommunicator Checklist

### PUBLIC SAFETY TELECOMMUNICATOR TRAINING PAPERWORK CHECKLIST

The following documents must be submitted for enrollment in the New Mexico Department of Public Safety Training Center's Basic Public Safety Telecommunicator Training Program, OR New Mexico Regional Academy Public Safety Telecommunicator Graduate Program. **Incomplete applications will be returned.**

#### ITEMS REQUIRED BY ALL APPLICANTS

- Form No. LEA-1** - Application for Admission/Certification.
- Form No. LEA-3A** - PST Audiology Compliance Form.
- Form No. LEA-5** - Fingerprint Affidavit. Form must have original signatures. *Submit only after FBI and DPS clearances have been received.*
- Form No. LEA-6** - Applicant Affidavit. Form must have original signatures.
- Form No. LEA-7** - Mental, Physical, Emotional Certification by department head. Form must have original signatures.
- Form No. LEA-8** - Waiver of Liability. Form must have original signatures.
- Form No. LEA-9** - Release of Information. Form must have original signatures.
- Form No. LEA-10** - Employment Verification. Form must have original signatures.
- Form No. LEA -12**- Applicant Affidavit of United States citizenship or legal residency or proof U.S. citizenship issued by an official government agency. **Hospital birth records and baptismal records are not acceptable. Photocopies of birth certificates and naturalization papers are not legal under New Mexico Law.**
- Form No. LEA-82** - Agency Employment Action. Form must have been previously submitted or attached to this application.
- Notarized** copy of high school diploma, G.E.D. certificate or college diploma, or official/certified transcripts.
- Notarized** copy of DD214 form (**if applicant has had military service**) must have character of service.

- Purchase Order** for tuition.
- Notarized** copy of Handicap Statement.

Mail Entire Packet to:  
 New Mexico Department of Public Safety  
 Training Center, DPS/TRD, ATTN: CIRT  
 4491 Cerrillos Road, Santa Fe, NM 87507

#### DPS Use Only: DPS Use Only:

- Basic Bureau Review by: \_\_\_\_\_ Date \_\_\_\_\_
- Regional Academy Review by: \_\_\_\_\_ Date \_\_\_\_\_
- Incomplete - Returned to agency/academy Date returned: \_\_\_\_\_
- Approved by Deputy Director \_\_\_\_\_ Date approved: \_\_\_\_\_
- Date Permanent file created: \_\_\_\_\_ File number \_\_\_\_\_

- Skills manger profile created by \_\_\_\_\_ Date \_\_\_\_\_
- Profile creation pending. Reason: \_\_\_\_\_

Academy Location: \_\_\_\_\_  
 Academy Dates \_\_\_\_\_

# Form LEA-1

## BASIC TRAINING AND RE-CERTIFICATION REQUEST

CHECK APPROPRIATE CATEGORY	
<b>Law Enforcement Officer</b> <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	<b>Public Safety Telecommunicator</b> <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.

<b>Name:</b>				
	Last	First	Middle	Maiden
<b>Date of Birth:</b>				Race:
	Place of Birth:	Social Security Number:		Sex:
<b>Applicant Mailing Address:</b>	<small>Street or P.O. Box</small>			
<b>(Applicant Telephone Number)</b> ( )	City	State	Zip	
<b>AGENCY NAME:</b>				
<b>Agency Contact Person:</b>	Name/Title:		Telephone Number	
<b>Agency Mailing Address:</b>	<small>Street or P.O. Box</small>			
	City	State	Zip	
<b>Date of Employment:</b>	Date of L.E. Commission:		Job Title:	
I certify that the foregoing information supplied by me is true and correct.				
_____ <b>Applicant Signature</b>		_____ <b>Date</b>		
<b>DPS Use Only</b>		<b>DPS Use Only</b>		
<input type="checkbox"/> Registry Input Processed By _____		<input type="checkbox"/> Training Processed By _____		
<input type="checkbox"/> Certification #: _____		<input type="checkbox"/> Permanent File#: _____		
<b>Retired Law Enforcement Officer:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Application for Admission/Certification.

- Common reasons for return:

# Form LEA-1

## BASIC TRAINING AND RE-CERTIFICATION REQUEST

CHECK APPROPRIATE CATEGORY	
<b>Law Enforcement Officer</b> <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	<b>Public Safety Telecommunicator</b> <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.

<b>Name:</b>				
	Last	First	Middle	Maiden
Date of Birth:				Race:
	Place of Birth:	Social Security Number:		Sex:
Applicant Mailing Address:	Street or P.O. Box			
(Applicant Telephone Number) ( )	City	State	Zip	
<b>AGENCY NAME:</b>				
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	
<b>DPS Use Only</b>		<b>DPS Use Only</b>		
<input type="checkbox"/> Registry Input Processed By _____		<input type="checkbox"/> Training Processed By _____		
<input type="checkbox"/> Certification #: _____		<input type="checkbox"/> Permanent File#: _____		
<b>Retired Law Enforcement Officer:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Not the Original.
- Date of Employment v. Date of Commission.
- No Signature.
- Applicants home address is required

# LEA-3A

PUBLIC SAFETY TELECOMMUNICATOR  
AUDIOLOGY COMPLIANCE FORM

Applicant Name ( Last, First, Middle)		
<b>SECTION ONE      <u>Ears and Hearing</u></b>		
<b>Minimum Hearing Standards for Public Safety Telecommunicator</b> No <b>Uncorrected</b> hearing loss in either ear <b>greater than 25db</b> at the test frequencies, 500, 1000, and 2000 Hz, and No <b>more than a 20db</b> loss in the better ear by audiometry, using ANSI(1969) standards.		
<b>Hearing Acuity ( Audiogram Required)</b> Right (Decibels)      Left (Decibels)	<b>Record the values at each Hz level</b>  (Hertz) 500      _____      (Hertz) 500      _____ 1000      _____      1000      _____ 2000      _____      2000      _____	<i>Excludable Condition</i>  <input type="checkbox"/>
<b>Acute Otitis Media, Otitis Externa, and Mastoiditis</b>		<i>Excludable Condition</i> <input type="checkbox"/>
<b>Statement of Condition</b>		
<input type="checkbox"/> The applicant <b>has passed</b> the minimum standards as established by the New Mexico Law Enforcement Academy Board without exclusions.		
<input type="checkbox"/> The applicant <b>has one or more potentially excludable conditions</b> from the listed minimum medical standards as established by the New Mexico Law Enforcement Academy Board, but <b>can perform the functions</b> of a telecommunicator with accommodations. (Please explain below.)		
<input type="checkbox"/> The applicant <b>has one or more potentially excludable conditions</b> from the listed minimum medical standards as established by the New Mexico Law Enforcement Academy Board, and <b>cannot perform the functions</b> of a telecommunicator. (Please explain below.)		
I have personally examined the applicant and the listed results are correct.		
<input type="checkbox"/> Audiologist <input type="checkbox"/> Physician <input type="checkbox"/> Other _____		
_____ Name of Examiner (Please Print)		_____ NM Lic. #
_____ Signature		_____ Date
<b>Comments:</b>		
_____		
_____		
_____		

- PST Audiology Compliance Form
- Common reason for return:

# LEA-3A

PUBLIC SAFETY TELECOMMUNICATOR  
AUDIOLOGY COMPLIANCE FORM

Applicant Name ( Last, First, Middle)		
<b>SECTION ONE      <u>Ears and Hearing</u></b>		
<b>Minimum Hearing Standards for Public Safety Telecommunicator</b> No <b>Uncorrected</b> hearing loss in either ear <b>greater than 25db</b> at the test frequencies, 500, 1000, and 2000 Hz, and No <b>more than a 20db</b> loss in the better ear by audiometry, using ANSI(1969) standards.		
<b>Hearing Acuity ( Audiogram Required)</b> Right (Decibels)      Left (Decibels)	<b>Record the values at each Hz level</b>  (Hertz) 500      (Hertz) 500 1000                1000 2000                2000	<i>Excludable Condition</i>  <input type="checkbox"/>
<b>Acute Otitis Media, Otitis Externa, and Mastoiditis</b>		<i>Excludable Condition</i> <input type="checkbox"/>
<b>Statement of Condition</b>		
<input type="checkbox"/> The applicant <b>has passed</b> the minimum standards as established by the New Mexico Law Enforcement Academy Board without exclusions.		
<input type="checkbox"/> The applicant <b>has one or more potentially excludable conditions</b> from the listed minimum medical standards as established by the New Mexico Law Enforcement Academy Board, but <b>can perform the functions</b> of a telecommunicator with accommodations. (Please explain below.)		
<input type="checkbox"/> The applicant <b>has one or more potentially excludable conditions</b> from the listed minimum medical standards as established by the New Mexico Law Enforcement Academy Board, and <b>cannot perform the functions</b> of a telecommunicator. (Please explain below.)		
I have personally examined the applicant and the listed results are correct.		
<input type="checkbox"/> Audiologist <input type="checkbox"/> Physician <input type="checkbox"/> Other _____		
_____ Name of Examiner (Please Print)		_____ NM Lic. #
_____ Signature		_____ Date
<b>Comments:</b>		
_____		
_____		
_____		

- Form is not signed by examiner
  
- Examiner's Lic # not listed
  
- The correct form not used.

# LEA-5

## FINGERPRINT AFFIDAVIT (refer to 10.29.9.13 NMAC)

I certify that two sets of fingerprint cards of \_\_\_\_\_ were  
submitted to New Mexico Department of Public Safety Records Section at 4491 Cerrillos  
Road, Santa Fe, NM 87507, for both the Federal Bureau of Investigation and the New  
Mexico Department of Public Safety records check.

It was determined that the applicant has not been:

- Convicted of or pled guilty to, or entered a plea of nolo contendere to any felony charge or, within the three-year period immediately preceding their application, to any violation of any federal or state law or local ordinance relating to:
- Aggravated assault, theft,
- Driving while intoxicated,
- Controlled substances or
- Other crime involving moral turpitude and
- Has not been released or discharged under dishonorable conditions from any of the armed forces of the United States.

I also certify that:

- NMDPS Records Section Clearance** has been received and a copy is attached.
- FBI Records Clearance** has been received and a copy is attached.
- NCIC TRIPLE I Clearance** has been received and a copy is attached.

Note: Do not send this form (LEA-5) to the New Mexico Law Enforcement Academy until you have received both clearances.

\_\_\_\_\_  
Please Type or Print **Department**

Department Head Name: \_\_\_\_\_

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 to the above instrument and acknowledged the same to be

his/her own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

(SEAL)

Note-The applicant will not receive state certification until this form is received.

- Fingerprint Affidavit
- NMSA 29-7-6.A (4)
- Common reasons for return:

# LEA-5

## FINGERPRINT AFFIDAVIT (refer to 10.29.9.13 NMAC)

I certify that two sets of fingerprint cards of \_\_\_\_\_ were

\_\_\_\_\_ Please Type or Print Applicant Name  
submitted to New Mexico Department of Public Safety Records Section at 4491 Cerrillos Road, Santa Fe, NM 87507, for both the Federal Bureau of Investigation and the New Mexico Department of Public Safety records check.

It was determined that the applicant has not been:

- Convicted of or pled guilty to, or entered a plea of nolo contendere to any felony charge or, within the three-year period immediately preceding their application, to any violation of any federal or state law or local ordinance relating to:
  - Aggravated assault, theft,
  - Driving while intoxicated,
  - Controlled substances or
  - Other crime involving moral turpitude and
  - Has not been released or discharged under dishonorable conditions from any of the armed forces of the United States.

I also certify that:

**NMDPS Records Section Clearance** has been received and a copy is attached.

**FBI Records Clearance** has been received and a copy is attached.

**NCIC TRIPLE I Clearance** has been received and a copy is attached.

Note: Do not send this form (LEA-5) to the New Mexico Law Enforcement Academy until you have received both clearances.

\_\_\_\_\_  
Please Type or Print Department

Department Head Name: \_\_\_\_\_

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

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

(SEAL)

Note-The applicant will not receive state certification until this form is received.

- Missing/not submitted
- We don't get the original fingerprint cards – they go to the DPS Records.
- Copies of clearances are not attached
- Certification exam will not be administered without this form.

# LEA-6

## APPLICANT AFFIDAVIT CRIMINAL HISTORY

Have you ever been **arrested**? (Include juvenile offenses) (Attach separate pages if necessary.)  
 Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **convicted** of any crime? (Attach separate pages if necessary.)  
 Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **pardoned**, entered into a **pre-prosecution diversion** program, or received a **suspended** or **deferred** sentence for any crime?  
 Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been the **subject** of an **administrative investigation** for law enforcement officer, or telecommunicator misconduct, or received any administrative discipline as a law enforcement officer? (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the armed forces of the United States?

Yes  No If yes, attach a notarized copy of DD214 with character of service.

**I certify the above is true and correct to the best of my knowledge.**

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print name)

Applicant 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 to  
(Applicant)

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

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(SEAL)

■ Applicant Affidavit

■ Common reasons for return:

# LEA-6

## APPLICANT AFFIDAVIT CRIMINAL HISTORY

Have you ever been **arrested**? (Include juvenile offenses) (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **convicted** of any crime? (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **pardoned**, entered into a **pre-prosecution diversion** program, or received a **suspended** or **deferred** sentence for any crime?

Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been the **subject** of an **administrative investigation** for law enforcement officer, or telecommunicator misconduct, or received any administrative discipline as a law enforcement officer? (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the armed forces of the United States?

Yes  No If yes, attach a notarized copy of DD214 with character of service.

I certify the above is true and correct to the best of my knowledge.

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print name)

Applicant 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 to  
(Applicant)

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

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(SEAL)

- Applies to juvenile crimes too.
- All “yes” responses require a copy of offense incident reports and Judgment and Sentencing.

# LEA-6

## APPLICANT AFFIDAVIT CRIMINAL HISTORY

Have you ever been **arrested**? (Include juvenile offenses) (Attach separate pages if necessary.)  
 Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **convicted** of any crime? (Attach separate pages if necessary.)  
 Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **pardoned**, entered into a **pre-prosecution diversion** program, or received a **suspended** or **deferred** sentence for any crime?  
 Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been the **subject** of an **administrative investigation** for law enforcement officer, or telecommunicator misconduct, or received any administrative discipline as a law enforcement officer? (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the armed forces of the United States?

Yes  No If yes, attach a notarized copy of DD214 with character of service.

I certify the above is true and correct to the best of my knowledge.

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print name)

Applicant 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 to  
(Applicant)

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

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(SEAL)

- DD214 not attached.
- Submit letter of explanation on other than honorable and uncharacterized discharges from the military.
- Submit letter of explanation on any reported misconduct.



# LEA-7

## 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)

- Radio Dispatcher  
physical, mental,  
emotional  
certification

# LEA-8

## WAIVER OF LIABILITY

Applicant Name (Please Print) \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_  
Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

I, the undersigned, hereby waive any claim for any injury against the New Mexico Department of Public Safety Training Center, any member of the staff, any of its employees or any trainee, which I may either directly or indirectly sustain as a result of my participation in any part or phase of the training and instruction I will receive at the Training center or other locations selected for the giving of training or supervision. This agreement shall be binding upon the undersigned, his heirs, and assignees.

Signature of Applicant \_\_\_\_\_

State of New Mexico }  
County of \_\_\_\_\_ }SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally  
Appeared \_\_\_\_\_ known to me to be the person

Applicant

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)

## ■ Waiver of Liability

# LEA-9

## RELEASE OF INFORMATION

To Whom It May Concern:

Having made application with New Mexico Department of Public Safety Training Center, it is my understanding that a comprehensive investigation of my background may be conducted in connection with this application.

I do hereby give the officials of the Training Center the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by the Training Center pertaining to my work history, any arrest information, and other general qualifications for fitness.

Applicant Name \_\_\_\_\_

Please Print

Signature of Applicant \_\_\_\_\_

State of New Mexico }  
County of \_\_\_\_\_}SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally

appeared \_\_\_\_\_ known to me to be the person

Applicant

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)

- Release of Information
- Common reasons for return:

# LEA-10

## 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)

■ Radio Dispatcher  
Employment  
Verification.

# LEA-12

**APPLICANT AFFIDAVIT**  
**of**  
**UNITED STATES CITIZENSHIP (Law Enforcement Officers)**  
**or LEGAL RESIDENCY (Telecommunicators only)**

**APPLICANT**

I certify that I am a citizen of the United States of America or a legal resident. Official documentation of my citizenship or legal residency has been presented to the witness, who is the agency head or designee.

Applicant Name: \_\_\_\_\_  
Please print or type.

Applicant Signature: \_\_\_\_\_

**WITNESS (Agency head or designee)**

I certify that I have reviewed official documentation indicating the above applicant is a citizen of the United States of America or legal resident.

Witness Name: \_\_\_\_\_  
Please print or type.

Witness Signature: \_\_\_\_\_

**Type of documentation:**

- Birth Certificate (Must be issued by a government agency)  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_
- Passport  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_
- Naturalization Papers  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_
- Resident card or Paperwork (*for telecommunicators only*)  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_

State of New Mexico }  
County of \_\_\_\_\_ }SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared

\_\_\_\_\_ and \_\_\_\_\_ known to me to

Applicant and Witness  
be the persons whose names are subscribed to the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(SEAL)

■ Applicant Affidavit  
of US Citizenship.

■ Common reasons  
for return:

# LEA-12

**APPLICANT AFFIDAVIT**  
**of**  
**UNITED STATES CITIZENSHIP (Law Enforcement Officers)**  
**or LEGAL RESIDENCY (Telecommunicators only)**

**APPLICANT**

I certify that I am a citizen of the United States of America or a legal resident. Official documentation of my citizenship or legal residency has been presented to the witness, who is the agency head or designee.

Applicant Name: \_\_\_\_\_  
Please print or type.

Applicant Signature: \_\_\_\_\_

**WITNESS (Agency head or designee)**

I certify that I have reviewed official documentation indicating the above applicant is a citizen of the United States of America or legal resident.

Witness Name: \_\_\_\_\_  
Please print or type.

Witness Signature: \_\_\_\_\_

**Type of documentation:**

- Birth Certificate (Must be issued by a government agency)  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_
- Passport  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_
- Naturalization Papers  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_
- Resident card or Paperwork (*for telecommunicators only*)  
Issued by: \_\_\_\_\_ Document # \_\_\_\_\_

State of New Mexico }  
County of \_\_\_\_\_}SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared  
\_\_\_\_\_ and \_\_\_\_\_ known to me to  
Applicant and Witness  
be the persons whose names are subscribed to the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(SEAL)

- No witness signature.
- Type of Documentation not checked.
- This form is filled out so we don't need a copy of the supporting Documentation



# LEA-82

- If form has already been submitted then please attach a copy.

**Agency Employment Action**

Date of Action: \_\_\_\_\_

**Employment (new hire)**  **Promotion**

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**Separation/Other Action:**

Resigned  Military  Retired  Deceased  Terminated  
 Decommissioned Only  Medical \_\_\_\_\_  
 Other \_\_\_\_\_

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Submitted by \_\_\_\_\_ Signature \_\_\_\_\_  
Chief/Designee

Date \_\_\_\_\_ Title or Rank \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

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**Employee Information**

Name \_\_\_\_\_  
First Middle Last Maiden

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Gender \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Rank or Classification \_\_\_\_\_

Date of Current Employment \_\_\_\_\_ Date of Current Commission \_\_\_\_\_

DPS Certification Number \_\_\_\_\_ Certification Date \_\_\_\_\_

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**Entry Level Firearms Training/Qualification (For new hires without active certification)**  
**ENTRY LEVEL FIREARMS TRAINING/QUALIFICATION (10.29.9.14)**

Sixteen (16) hour handgun training:  Eight (8) hour shotgun training (if issued):

Day Time Score:  Date: \_\_\_\_\_ Night Time Score:  Date: \_\_\_\_\_

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Print Name of DPS Certified Firearms Instructor \_\_\_\_\_ DPS Certification Number \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Contact # \_\_\_\_\_

DPS Use Only: Permanent File # \_\_\_\_\_  
Registry input by: \_\_\_\_\_ Certification Verified by: \_\_\_\_\_ Firearms Qual. Processed by: \_\_\_\_\_

# Notarized copies of Records

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- High School, GED or College diploma
- Certified transcripts in lieu of a diploma must show the date of graduation.

# Notarized copies of Records

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- For ex-military, DD214 form with  
characterization of service.

# How to get the forms

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- 2008 DPS Training Reference Guide 1st Revision
- Available at the DPS Training Center.
- DPS Training website:  
[www.dps.nm.org/training/foindex.htm](http://www.dps.nm.org/training/foindex.htm)  
(Adobe Acrobat required)

# Final Comments?

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Good Luck!

Hopefully, no more of  
this.....

