

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

Academy Location: _____
Academy Dates _____

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: _____

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										

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.

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)

**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)

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)

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)

Agency Employment Action

Date of Action: _____

Employment (new hire)

Promotion

Separation/Other Action:

Resigned Military Retired Deceased Terminated

Decommissioned Only Medical _____

Other _____

Submitted by _____ Signature _____
Chief/Designee

Date _____ Title or Rank _____

Agency _____ Telephone _____

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 _____

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: _____

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

DPS Use Only:		
Registry input by: _____	Certification Verified by: _____	Firearms Qual. Processed by: _____