

# How to fill out the NMLEA Administrative Forms

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- *Forms for reporting NMLEA Board requirements.*
  - *Registry*
  - *Firearms*
  - *Training*

# Why this course?

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

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# The Forms

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# Agency Reporting Forms

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## ***Agency Reporting Forms:***

- LEA-82 (Agency Employment Action)
- LEA-83 (Annual Firearms Report)
- LEA-83A (Firearms Scores)
- LEA-84 (Officer Biennium)
- LEA-84A (PST Biennium)
- LEA-90 (Misconduct)

# LEA-82 Agency Employment Action

## 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: \_\_\_\_\_

- Any time a law enforcement officer or telecommunicator is **hired, resigns, terminated, retired,** etc., this form must be used to notify DPS of the **Change in Status.** Within 30 days of change in Status.



# LEA-83 Annual Firearms Report

## ANNUAL AGENCY FIREARM RE-QUALIFICATION REPORT

Date Due: March 1, annually

I, (print or type agency head's name) \_\_\_\_\_,

(print or type agency name) \_\_\_\_\_,

(print/type agency location) \_\_\_\_\_,

(print/type agency contact #) \_\_\_\_\_,

verify that as of the date of this report **ALL** law enforcement officers of this agency, with the exception of those listed on page 2, have met the mandatory firearm qualifications requirements as set forth in the New Mexico Administrative Code 10.29.9.14 NMAC.

In accordance with NMAC Code 10.29.9.14 (F)(2) **qualification scores** have been previously submitted or are attached for all officers.

Total number of commissioned law enforcement officers in the agency: \_\_\_\_\_

*I understand that failure to submit this report by **March 1<sup>st</sup>** of the reporting year may result in the suspension of the law enforcement officer certification of my employees.*

State of New Mexico \_\_\_\_\_ )

County of \_\_\_\_\_ ) SS.

I (print or type agency head's name) \_\_\_\_\_,  
being first duly sworn, depose and state (based upon information, belief, and available documentation):

I am the agency head of the (print or type agency name) \_\_\_\_\_  
and the foregoing report is true and correct to the best of my personal knowledge.

\_\_\_\_\_  
(Agency head's signature)

Subscribed and Sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Page 1/3

- Must be submitted annually by March 1<sup>st</sup> along with firearms scores.

Registry Input by:

Instructor Certification Verified by:

Firearms Entry by:



# LEA-83 Page 3

## Exception Report—Compliance Reporting

Officers achieving compliance with the mandatory firearms qualification requirements:

	Last Name	First Name	Day Score	Night Score
1				
2				
3				
4				
5				

The above listed officers previously reported as out of compliance, have been brought into compliance for the reporting period of \_\_\_\_\_(year).

Date Submitted: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact# \_\_\_\_\_

Submitted by: \_\_\_\_\_

Contact# \_\_\_\_\_

### **Firearms Qualification Data:**

DPS Firearms Instructor: \_\_\_\_\_

Contact # \_\_\_\_\_

Date Qualification Conducted: \_\_\_\_\_

Range Location: \_\_\_\_\_

Signature of DPS Certified Firearms Instructor \_\_\_\_\_

- Must be submitted when Compliance is achieved.

# LEA-83A Firearms Scores

## FIREARMS SCORES REPORTING FORM

PLEASE TYPE OR PRINT

Reporting Department \_\_\_\_\_ Range Location \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date of Qualification \_\_\_\_\_

Student Name - Last, First, Middle	SSN# or DPS Cert.#	Daytime Score	Night time Score	Model	Serial Number

I hereby certify that I possess a **valid and current** NM Department of Public Safety, Firearms Instructor Certificate and the above information is true and correct.

**Firearms Instructor Name (print)** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Contact#:** \_\_\_\_\_

**Firearms Instructor Signature** \_\_\_\_\_ **Instructor Certification No.** \_\_\_\_\_

DPS Official Use:  **Data Entry Input Processed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

# LEA-84 Officer Biennium 2006-2007

## 2006-2007 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

Law Enforcement Officer      Date Due: March 1.

I, \_\_\_\_\_,  
print or type agency head's name      Title \_\_\_\_\_  
\_\_\_\_\_  
(print or type agency name)  
\_\_\_\_\_  
(print/type agency location)  
\_\_\_\_\_  
(print/type agency contact phone number)

verify that as of the date of this report **ALL** law enforcement officers of this agency, with the exception of those listed on page 2, have met the following **In-Service Training** requirements:

- Minimum of Four (4) hours-Safe Pursuit Procedures (29-20-3 NMSA 1978).
- Minimum of One (1) hour-Domestic Abuse Incident training(29-7-4.1 NMSA 1978).
- Minimum of Two (2) hours-Detection, Investigation and Reporting of Hate Crimes (31-18B-5 NMSA 1978).
- For all officers who may be involved in the arrest of DWI offenders, Eight (8) hours SFST Update. For SFST instructors, sixteen (16) hours in SFST instructor re-certification.
- With the remaining balance of training hours as set forth in 10.29.7.8 (NMAC); Totaling a minimum of forty (40) hours.
- Training documentation is available for inspection.

Total number of commissioned law enforcement officers in the agency: \_\_\_\_\_

*I understand that failure to submit this report by **March 1<sup>st</sup>** of the reporting year (2008) may result in the suspension of the law enforcement officer certification of my employees.*

State of New Mexico      )

County of \_\_\_\_\_ ) SS.

I (print or type agency head's name) \_\_\_\_\_,  
being first duly sworn, depose and state (based upon information, belief, and available documentation):  
I am the agency head of the (print or type agency name) \_\_\_\_\_  
and the foregoing report is true and correct to the best of my personal knowledge.

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_  
(Agency head's signature)

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

Registry Input by: \_\_\_\_\_ Skills Manger Input: \_\_\_\_\_

■ Must be submitted at he by March 1<sup>st</sup> after each biennium period.



# LEA-84 Page 3

## 2006-2007 Exception Report—Compliance Reporting Law Enforcement Officer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Legislative Mandated Training Hours: 10.29.7.8.A (minimum 7 hours)					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
Domestic Violence		1			
Hate Crimes		2			
Pursuit Policy		4			
<b>TOTAL HOURS:</b>		7			

NMAC Rule 10.29.7.8.A: Maintenance training/education (20 hours minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update/ Instructor Update	8/16		
<b>TOTAL HOURS:</b>				

NMAC Rule 10.29.7.8.B: Advanced and specialized training (20 hours minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
<b>TOTAL HOURS:</b>				

(use additional sheets if necessary)

The above listed officer previously reported as out of compliance, have been brought into compliance for the reporting period of \_\_\_\_\_(year 1) to \_\_\_\_\_(year 2).

Date Submitted: \_\_\_\_\_

- Must be submitted with detail entry of how compliance was achieved for **all** training hours.

# LEA-84 Page 4

**Exception Report—Compliance Reporting  
Law Enforcement Officer**

Officer achieving compliance with the mandatory In-Service Training requirements:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact# \_\_\_\_\_

Submitted by: \_\_\_\_\_

(print name and title)

Contact# \_\_\_\_\_

Signature of submitting official: \_\_\_\_\_

■ Attach to page 3.

Registry Input by:

Skills manager entry by:



# LEA-84 Officer Biennium 2008-2009

## 2008-2009 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

I, \_\_\_\_\_, \_\_\_\_\_  
print or type agency head's name Title  
\_\_\_\_\_  
(print or type agency name)  
\_\_\_\_\_  
(print/type agency location)  
\_\_\_\_\_  
(print/type agency contact phone number)

verify that **ALL** law enforcement officers and/or Telecommunicators employed with this agency with the exception of those listed on Page 2, have met the mandatory In-service Training requirements as set forth in the Ne Mexico Administrative Code, 10.29.7.8; 10.29.7.9. The training documentation is available for inspection.:

- Minimum of Four (4) hours-Safe Pursuit Procedures (29-20-3 NMSA 1978).
- Minimum of One (1) hour-Domestic Abuse Incident training(29-7-4.1 NMSA 1978).
- Minimum of Two (2) hours-Detection, Investigation and Reporting of Hate Crimes (31-18B-5 NMSA 1978).
- For all officers who may be involved in the arrest of DWI offenders, Eight (8) hours SFST Update. For SFST instructors, sixteen (16) hours in SFST instructor re-certification.
- Minimum of Two (2) hours-Day-light Firearms training.
- Minimum of Two (2) hours-Low-light Firearms training.
- Minimum of Four (4) hours-in Ensuring Child Safety after Arrest
- With the remaining balance of training hours as set forth in 10.29.7.8 (NMAC); Totaling a minimum of forty (40) hours.
- Training documentation is available for inspection.

State of New Mexico )

County of \_\_\_\_\_) SS.

I (print or type agency head's name) \_\_\_\_\_,  
being first duly sworn, depose and state (based upon information, belief, and available documentation):  
I am the agency head of the (print or type agency name) \_\_\_\_\_  
and the foregoing report is true and correct to the best of my personal knowledge.

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_  
(Agency head's signature)

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

- Must be submitted at he by March 1<sup>st</sup> after each biennium period.

# LEA-84 Page 2

## 2008-2009 Exception Report—In-Service Training Law Enforcement Officer

Officers NOT meeting the mandatory in-service training requirements:

	Last Name	First Name	DOB	Cert. #
1				
2				
3				
4				
5				

#      Name: \_\_\_\_\_ Cert#/SSN: \_\_\_\_\_

**Explanation:** Why is the officer not in compliance with the In-service Training Requirement

**Remediation:** What steps are being taken to bring the officer into compliance?

**Timelines:** What are the deadlines that are proposed to bring the officer into compliance?

=====

#      Name: \_\_\_\_\_ Cert#/SSN: \_\_\_\_\_

**Explanation:** Why is the officer not in compliance with the In-service Training Requirement?

**Remediation:** What steps are being taken to bring the officer into compliance ?

**Timelines:** What are the deadlines that are proposed to bring the officer into compliance?

(use additional sheets if necessary)

- When there are exceptions, i.e., officer(s) have not completed the firearms, these must be reported on this sheet with **Explanation**, **Remediation**, and **Time Line** for compliance.

# LEA-84 Page 3

## 2008-2009 Exception Report—Compliance Reporting Law Enforcement Officer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Legislative Mandated Training Hours: 10.29.7.8 (minimum 15 hours)					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
Domestic Violence		1			
Hate Crimes		2			
Pursuit Policy		4			
Ensuring Child Safety		4			
Firearms 2 day/2-Low lite		4			
<b>TOTAL HOURS:</b>		15			

NMAC Rule 10.29.7.8: Balance Optional training hours. (mandated plus other must total 40 hours minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update/ Instructor Update	8/16		
<b>TOTAL HOURS:</b>				

(use additional sheets if necessary)

The above listed officer previously reported as out of compliance, have been brought into compliance for the reporting period of \_\_\_\_\_(year 1) to \_\_\_\_\_(year 2).

Date Submitted: \_\_\_\_\_

- Must be submitted with detail entry of how compliance was achieved for **all** training hours.

# LEA-84 Page 4

**Exception Report—Compliance Reporting  
Law Enforcement Officer**

Officer achieving compliance with the mandatory In-Service Training requirements:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact# \_\_\_\_\_

Submitted by: \_\_\_\_\_

(print name and title)

Contact# \_\_\_\_\_

Signature of submitting official: \_\_\_\_\_

■ Attach to page 3.

Registry Input by:

Skills manager entry by:

# LEA-84A PST Biennium 2006-2007

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.org/training

## 2006-2007 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

TELECOMMUNICATOR

Date Due: March 1,

I, \_\_\_\_\_  
(print or type agency head's name)  
 \_\_\_\_\_  
(print or type agency name)  
 \_\_\_\_\_  
(print type agency location)  
 \_\_\_\_\_  
(print type agency contact #)

verify that as of the date of this report ALL telecommunicators of this agency, with the exception of those listed on page 2, have met the mandatory IN-SERVICE Training requirements as set forth in the New Mexico Administrative Code 10.29.7.9. Training documentation is available for inspection.

Total number of commissioned telecommunicators in the agency: \_\_\_\_\_

*I understand that failure to submit this report by March 1<sup>st</sup> of the reporting year(2008) may result in the suspension of the telecommunicator certification of my employees.*

State of New Mexico )  
 County of \_\_\_\_\_ ) SS.

I (print or type agency head's name) \_\_\_\_\_  
 being first duly sworn, depose and state (based upon information, belief, and available documentation):

I am the agency head of the (print or type agency name) \_\_\_\_\_  
 and the foregoing report is true and correct to the best of my personal knowledge.

\_\_\_\_\_  
(Agency head's signature)

Subscribed and Sworn before me this \_\_\_\_\_  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

Registry Input by: \_\_\_\_\_ Skills Manager Input: \_\_\_\_\_

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Revised 02/2007

LEA-84A

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.org/training

## 2006-2007 Exception Report—In-Service Training Telecommunicator

Telecommunicators NOT meeting the mandatory in-service training requirements:

	SSN	Last Name	First Name	Cert. #
1				
2				
3				
4				
5				

# Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Explanation: Why is the telecommunicator not in compliance with the In-service Training Requirement?  
 \_\_\_\_\_  
 \_\_\_\_\_

Remediation: What steps are being taken to bring the telecommunicator into compliance?  
 \_\_\_\_\_  
 \_\_\_\_\_

Timelines: What are the deadlines that are proposed to bring the telecommunicator into compliance?  
 \_\_\_\_\_  
 \_\_\_\_\_

# Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Explanation: Why is the telecommunicator not in compliance with the In-service Training Requirement?  
 \_\_\_\_\_  
 \_\_\_\_\_

Remediation: What steps are being taken to bring the telecommunicator into compliance ?  
 \_\_\_\_\_  
 \_\_\_\_\_

Timelines: What are the deadlines that are proposed to bring the telecommunicator into compliance?  
 \_\_\_\_\_  
 \_\_\_\_\_

(use additional sheets if necessary)

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Revised 02/2007

LEA-84A

# LEA-84A Cont.

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.org/training

## 2006-2007 Exception Report—Compliance Reporting Telecommunicator

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

NMAC Rule 10.19.7.9.A: Maintenance training/education (8 hours)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				
NMAC Rule 10.19.7.9.B: Advanced and specialized training (8 hours)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				
NMAC Rule 10.19.7.9.C: Miscellaneous training (4 hours)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				

*(Use additional sheets if necessary)*  
 The above listed telecommunicator previously reported as out of compliance, has been brought into compliance for the period of \_\_\_\_\_(year 1) to \_\_\_\_\_(year 2).

Date Submitted: \_\_\_\_\_

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.org/training

## 2006-2007 Exception Report—Compliance Reporting Telecommunicator

Telecommunicator achieving compliance with the mandatory In-Service Training requirements:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact# \_\_\_\_\_

Submitted by: \_\_\_\_\_

*(print name and title)*

Contact# \_\_\_\_\_

Signature of submitting official: \_\_\_\_\_

Registry Input by: _____	Skills manager entry by: _____
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# LEA-90 Misconduct

New Mexico Department of Public Safety Training Center  
 4491 Carrillos Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)-827-3449—www.dps.nm.org/training

## DPS MISCONDUCT REPORT

Submitting Agency: _____	
Date Submitted: _____	
Submitted by: _____	
Print Name	Title
Address: _____	
City	State
Zip code	
Contact Phone Number: _____	
Additional Contact Information: _____	
<input type="checkbox"/> OFFICER INFORMATION	
<input type="checkbox"/> TELECOMMUNICATOR INFORMATION	
Name of Officer/Telecommunicator:	SS#: _____ DOB: _____
DPS Certification Number:	Certification Date: _____
Home Address:	Home Telephone No: _____
	Cell Telephone No: _____
Is this officer/telecommunicator still employed by the agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can this officer/telecommunicator be contacted at the agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, current assignment and contact phone number: _____	
<b>COMPLAINT INFORMATION</b>	
Date of Complaint	Agency Investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Primary Investigator: _____	
Print Name/title	
Contact information (Phone Number/fax/business address)	
Witness Information attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supporting Complaint Documentation/Investigation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SUMMARY OR NARRATIVE OF COMPLAINT/REPORT</b>	
MAIL To: DPS Training Center	
Attn: Director	
4491 Carrillos Road	
Santa Fe, NM 87507	

Revised 07/2000

LEA-90

New Mexico Department of Public Safety Training Center  
 4491 Carrillos Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)-827-3449—www.dps.nm.org/training

## DPS/TRD STAFF USE ONLY

Date of misconduct:	Date report received:
Allegation/Offense:	Case Number:
Date notified employer misconduct report received:	
Date Referred to Attorney General's Office:	
Referred by:	
Date NCA mailed:	Date NCA served:
Date NFD mailed:	Date NFD served:
Date of Informal hearing:	
Date of Formal Hearing:	
Date of NMLEA Board Action:	
FINAL ACTION:	
Date notified employer of final action:	
Date of database entry:	

Revised 07/2000

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LEA-90

# Miscellaneous Forms

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## ***Miscellaneous Administrative:***

- LEA-82A (Change of Address)
- LEA-82B (Change of Name)
- LEA-91 (Facility Reservation)



# LEA-82A Change of Address

## CHANGE OF MAILING ADDRESS REQUEST

\_\_\_\_\_  
Officer/Telecommunicator Name                      SSN                      / /  
DOB

\_\_\_\_\_  
AGENCY NAME (If Employed)

\_\_\_\_\_  
UPDATED MAILING ADDRESS

\_\_\_\_\_  
CITY    STATE    ZIP CODE

\_\_\_\_\_  
Officer/Telecommunicator Signature                      Certification Number

\_\_\_\_\_  
Date of Request

In the interest of enhancing customer service, the NM Law Enforcement Academy (LEA) is requesting that every holder of a NM law enforcement officer/public safety telecommunicator certification maintain a current mailing address at the NMLEA. A current address will allow the LEA to keep every certification holder informed of new biennium training requirements and other LEA Board mandates. This form is to be used by all Law Enforcement Officers and Public Safety Telecommunicators (PST's) to request their change of mailing address. Please mail this request to the address above.

=====  
**FOR DPS/TRD STAFF USE ONLY**  
**CHANGES ENTERED BY:** \_\_\_\_\_

# LEA-82B Change of Name

## CHANGE OF NAME REQUEST

\_\_\_\_\_  
Officer/Telecommunicator **Current Name**                      \_\_\_\_\_ SSN                      \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
DOB

\_\_\_\_\_  
Officer/Telecommunicator **New Name**                      \_\_\_\_\_ SSN                      \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
DOB

**Copy of Court order attached.**

**40-8-1 (NMSA). Change of name: petition and order.**

Any resident of this state over the age of fourteen years may, upon petition to the district court of the district in which the petitioner resides and upon filing the notice required with proof of publication, if no sufficient cause is shown to the contrary, have his **name changed** or established by order of the court. The parent or guardian of any resident of this state under the age of fourteen years may, upon petition to the district court of the district in which the petitioner resides and upon filing the notice required with proof of publication, if no sufficient cause is shown to the contrary, have the **name** of his child or ward **changed** or established by order of the court. When residents under the age of fourteen years petition the district court for a **name change**, the required notice shall include notice to both legal parents. The order shall be entered at length upon the record of the court, and a copy of the order, duly certified, shall be filed in the office of the county clerk of the county in which the person resides. The county clerk shall record the same in a record book to be kept by him for that purpose.

\_\_\_\_\_  
AGENCY NAME (If Employed)

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY    STATE    ZIP CODE

\_\_\_\_\_  
Officer/Telecommunicator Signature                      Certification Number

\_\_\_\_\_  
Date of Request

=====  
**FOR DPS/TRD STAFF USE ONLY**  
**CHANGES ENTERED BY:** \_\_\_\_\_

# LEA-91 Facility Reservation



## Training Center Facility Reservation Request

New Mexico Department of Public Safety  
Training & Recruiting Division  
4491 Cerrillos Road, Santa Fe, NM 87507  
(505) 827-9251 (800) 521-9911 (NM Only)  
Fax: 505-827-3449

<b>Training Course/Conference Title</b>		<input type="checkbox"/> DPS Training Division <input type="checkbox"/> Other DPS Division <input type="checkbox"/> NM State Government <input type="checkbox"/> Other Government Agency <input type="checkbox"/> Private Company <input type="checkbox"/> Private Citizen	
<b>For what purpose will you be using the facility?</b>			
<b>Type of space requested</b> <i>(Some facilities may not be available to all customers.)</i>			
<input type="checkbox"/> Classroom <input type="checkbox"/> Conference Room <input type="checkbox"/> Computer Classroom <input type="checkbox"/> Auditorium			
<b>Date(s) of Course/Meeting</b>		<b>Daily Hours</b> <i>(8:00-5:00, if multiple facilities are requested, identify hours for each.)</i>	
<b>Requesting Organization or Agency</b>			
<b>Name, Address and Telephone Number of Person in Charge</b>			
<b>Anticipated Attendance</b>		Note: Parking is limited and basic academy students are given priority.	
<b>Equipment Needed:</b> <i>(Additional Fee is charged for use of listed items, see fee schedule.)</i>			
<input type="checkbox"/> DVD	<input type="checkbox"/> VCR	<input type="checkbox"/> Computer	
<input type="checkbox"/> Computer Projector	<input type="checkbox"/> Computer Projector	<input type="checkbox"/> Flipchart/Easel	
<input type="checkbox"/> Other			
<b>Are accommodations necessary for persons with disabilities?</b>		<b>Type of accommodation needed:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>NMLEA Staff Use Only</b>		<b>Room(s) Assigned</b>	<b>By:</b>
		<input type="checkbox"/> Classroom 1 <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Classroom 3 <input type="checkbox"/> Classroom 4 <input type="checkbox"/> Classroom 5 <input type="checkbox"/> Classroom 6A <input type="checkbox"/> Classroom 6B <input type="checkbox"/> Classroom 7 <input type="checkbox"/> Auditorium <input type="checkbox"/> Small Conference Room	
<b>Assigned Fees:</b>		<b>NMLEA Director/designee's Approval:</b>	<b>Date:</b>
<i>All requestors must complete the following agreement below with the exception of employees of the New Mexico Department of Public Safety requesting facilities for official business or officially sanctioned activities.</i>			
<b>HOLD HARMLESS AGREEMENT</b>			
I, the undersigned, do hereby request to be allowed to use DPS Training Center facilities. I hereby waive any claim I may have and will release, indemnify and defend the Department of Public Safety for any liability for any injury that myself or the participants in my program may sustain from any use of the Training Center facilities, whether or not caused by the negligence of a Department of Public Safety employee or a condition in the Training Center facilities. I will also release, indemnify and defend the Department of Public Safety from any liability or loss, theft or damage to my personal property. I agree that I am responsible for the costs of any damage caused by myself or my participants to Training Center facilities and equipment.			
Signature _____	Printed Name _____	Telephone _____	
		Email _____	

# *Instructor and Advanced*

## ***Instructor and Advanced Levels of Certification:***

- LEA-65 (Instructor certification)
- LEA-65A (DWI/SFST Instructor certification)
- LEA-88 (Advanced Certification)

# LEA-65 Instructor Certification

New Mexico Department of Public Safety Training Center  
 4491 Cerrillos Road, Santa Fe, New Mexico 87507  
 (505)827-9251 — (800)521-9911 (NM Only) — Fax: (505)827-3449 — [www.dps.nm.org/training](http://www.dps.nm.org/training)

## INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information. If you are applying for more than one category of instructor certification, include all areas on one application.

<input type="checkbox"/> Initial Application	<b>Specialized:</b>		
<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Specialized High Risk	<input type="checkbox"/> Specialized Technical	
	<input type="checkbox"/> Professional Lecturer	<input type="checkbox"/> Master Instructor	
<input type="checkbox"/> <b>General Instructor</b> (Only DPS certified law enforcement officer or telecommunicator)			
I apply to be certified as:			
Fill in the specialized subject category below. Use additional sheets if necessary.			
_____			
_____			
<b>Qualifications:</b>			
To determine qualifications for the different Instructor Certification levels, please consult the New Mexico Law Enforcement Academy Board Rules (10.26.4 NMAC). These rules can be found using the printed NMDPS Training & Recruiting Division Reference Guide that is provided to all law enforcement agencies or online at <a href="http://www.dps.nm.org/Training">http://www.dps.nm.org/Training</a> . In addition, if the applicant has questions about which level of Instructor Certification applies, they are encouraged to contact the NMDPS Training staff.			
Applicant Name			
Last _____	First _____	Middle _____	Maiden _____
SSN# _____	<input type="checkbox"/> NMDPS Certified Law Enforcement Officer		<input type="checkbox"/> NMDPS Certified Telecommunicator
Home Mailing Address			
Street or PO Box _____	City _____	State _____	Zip _____
Agency/Organization (if applicable) _____		Contact phone Number: _____	
Email: _____			
I hereby certify the information contained in this application is true and correct. I understand I must follow the rules and regulations established by the Training Center in order to obtain credit for training courses I conduct.			
Printed or Typed Name of Applicant _____	Applicant Signature _____	Date _____	
I certify the applicant is responsible for conducting training for my department and recommend that an Instructor certificate be issued.			
Sponsoring Agency _____	Type or Print Name of Agency Head _____		Title _____
Agency Mailing Address _____	City _____	State _____	Zip _____
Agency Telephone Number _____	Agency Head/Designee Signature _____		Date _____

INSTRUCTOR CERTIFICATION APPLICATION (page 1/2)

New Mexico Department of Public Safety Training Center  
 4491 Cerrillos Road, Santa Fe, New Mexico 87507  
 (505)827-9251 — (800)521-9911 (NM Only) — Fax: (505)827-3449 — [www.dps.nm.org/training](http://www.dps.nm.org/training)

## INSTRUCTOR CERTIFICATION APPLICATION (page 2/2)

EDUCATION List all specialized training received in support of this application. Copies of all certificates must be attached.

DATE (Mo/Year)	School Attended and Mailing Address (use additional sheets if necessary).

TRAINING CONDUCTED Use additional sheets if necessary.

Date(s)	Course Title and Location

SPECIALIZED ASSIGNMENTS		ACADEMY EXPERIENCE					
Use additional sheets if necessary.		Use additional sheets if necessary.					
Specialty	Years Experience	Total Cases Successfully Worked	Court Established Court (Yes or No)	Basic Academy Instructor in Specialty Class #	Date(s)	State/Location	Subject
example: Surgery	2.5	151	Yes	NMLEA #125	11/02	Santa Fe	Surgery

# LEA-65A DWI/SFST Instructor Certification

## DWI/SFST INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information.

<input type="checkbox"/> <b>Initial Application</b>		<input type="checkbox"/> <b>Renewal Application</b>	
<p>Qualifications: SFST Instructor certification and performance monitoring, is conducted by the New Mexico DPS SFST Oversight Committee. SFST Instructor application for certification is reviewed by the Instructor Certification Sub-Committee. This sub-committee provides its recommendations to the NM DPS Law Enforcement Training Center for the initial and continued certification of an SFST Instructor, as approved by the Oversight Committee.</p> <p><b>Initial Application requirements:</b></p> <p><input type="checkbox"/> Be a certified law enforcement officer with patrol field experience of at least three (3) years utilizing the SFST.</p> <p><input type="checkbox"/> Attach certificate of completion of a NHTSA/IACP approved SFST Instructor/Train-the-trainer course.</p> <p><input type="checkbox"/> Attach certificate of completion of a sixteen (16) hour DWI/SFST Instructor Update Course where the SFST Instructor/Train-the-trainer course was completed more than two years prior to the date of application.</p> <p><input type="checkbox"/> Attach written documentation of the number of DWI arrests and/or convictions for the previous 12 month period.</p> <p><b>Renewal application requirements</b></p> <p><input type="checkbox"/> Provide a written recommendation by a lead SFST instructor designated by the State SFST Coordinator, that the applicant has successfully completed two (2) apprentice courses in SFST for first time renewals.</p> <p><input type="checkbox"/> Thereafter, provide documentation of two SFST courses taught within the past two (2) years</p> <p><input type="checkbox"/> Attach certificate of completion of a sixteen hour SFST Instructor Update Course within the last two years.</p>			
<b>Applicant Name</b>			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
SSN#	DOB:	NMDPS state Certification #:	
<b>Home Mailing Address</b>			
<i>Street or PO Box</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Agency/Organization (if applicable)		Contact phone Number: _____	
		Email: _____	
I hereby certify the information contained in this application is true and correct. I understand I must follow the rules and regulations established by the Training Center in order to obtain credit for training courses I conduct.			
<i>Printed or Typed Name of Applicant</i>		<i>Applicant Signature</i>	<i>Date</i>
I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.			
<i>Sponsoring Agency</i>		<i>Type or Print Name of Agency Head</i>	<i>Title</i>
<i>Agency Mailing Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Agency Telephone Number</i>	<i>Agency Head/Designee Signature</i>		<i>Date</i>

MAIL PACKET TO: DPS/TRD  
 ATTN: ADVANCED TRAINING BUREAU  
 4491 CERRILLOS ROAD, SANTA FE, NM

FOR DPS OVERSIGHT COMMITTEE USE ONLY		
Initial Certification		
2. Written documentation of the number of DWI arrests and/or convictions for the previous 12 month period attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has applicant successfully completed the NHTSA/IACP approved SFST Instructor/Train-the-trainer course? (certificate must be attached) If yes, when:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has applicant completed a sixteen (16) hour DWI/SFST Instructor Update Course where the SFST Instructor/Train-the-trainer course was completed more than two years prior to the date of this instructor application? (certificate must be attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renewal		
1. Written recommendation by a lead SFST instructor designated by the State SFST Coordinator, that the applicant has successfully completed two (2) apprentice courses in SFST? (must be attached for first time renewals)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. (Subsequent Renewals) Two SFST courses taught within the past two (2) years? (documentation must be attached.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Sixteen hour SFST Instructor Update Course within the last two years? (certificate must be attached.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMITTEE RECOMMENDATION		
<input type="checkbox"/> Request approved by Sub-committee <input type="checkbox"/> Request denied by Sub-committee		
Comments:		
Sub-committee member:	Sub-committee member:	Sub-committee member:
Sub-committee member:	Sub-committee member:	Sub-committee member:
Sub-committee member:	Sub-committee member:	Sub-committee member:
<input type="checkbox"/> Request approved by Committee Chairpersons: (Print Names): _____		
<input type="checkbox"/> Request denied by Committee Chairpersons: Explanation: _____		
TSB DWI/SFST State Coordinator Co-chair:	DPS NMLEA Co-chair:	
_____	_____	
Signature	Signature	
Date forwarded to DPS:		
DPS USE ONLY		
Received/Processed by:	Certificate Issued by:	



# *Course Accreditation Conference Certification*

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## ***Course Accreditation Conference Certification and Attendance:***

- LEA-62 (Distance and Multi-media Training Roster)
- LEA-86 (Course Accreditation)
- LEA-86A (Conference Certification)
- LEA-86B (Attendance Roster)
- LEA-86C (Sign-in/out roster)
- LEA-87 DWI/SFST Course Accreditation



# LEA-62 Distance and Multi-media

New Mexico Department of Public Safety Training Center  
4491 Cerrillos Road, Santa Fe, New Mexico 87507  
(505)817-9251—(800)521-8911 (NM Only) —Fax: (505)-827-3449— [www.dps.nm.org/training](http://www.dps.nm.org/training)

## Distance Learning/Multi-Media Training Roster

Title of Course: \_\_\_\_\_

NMDPS Course Accreditation Number: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Date of Training \_\_\_\_\_ Hours \_\_\_\_\_ Location \_\_\_\_\_

Training Facilitator: \_\_\_\_\_ Contact # \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted \_\_\_\_\_

STUDENT NAME	SSN# Or DPS Cert#	DEPARTMENT	Pre-Test	Post Test

# LEA-86 Course Accreditation

New Mexico Department of Public Safety  
 Training Center  
 4491 Central Road, Santa Fe, NM 87507  
 www.dps.nm.gov/training  
 (505) 827-8225 (800) 823-9911 (NM Only)  
 Fax: (505) 823-3482

## REQUEST FOR COURSE ACCREDITATION

All courses must receive approval prior to instruction

ORIGINAL ACCREDITATION       RE-ACCREDITATION

Please type or print all information

Course Title	_____		
Requested By	_____		
	Department or Agency _____		
Mailing Address	_____		
	Street or PO Box _____		
	City _____	State _____	Zip _____
Contact Person	_____	Telephone	_____
Contact Email:	_____		
Instructor Name(s)	_____		
Total Course Hours	_____	Number of Students	_____

For Original Course Accreditation

- Resume of all instructors.** The resume should indicate the specific background and courses taught relating to this specific course of instruction. A current DPS instructor Certificate may be submitted in lieu of the resume as long as the certification is for the subject matter taught.
- Course curriculum** (lesson plan). The complete body of the presentation, and supporting material
- Course Syllabus/Outline of schedule with dates and times of each course/session.
- Instructor and course evaluation instrument. The form or other method the students use to evaluate the course and the instructor.
- Testing Instrument (Only for those courses being taught to qualify an employee for DPS **advanced** certification). How the instructor measures student performance. In most cases, this will be a written test, but in some skills courses, it may be a practical exercise, or both.

For Course Re-Accreditation without Curriculum Changes

- Previous Accreditation Number: \_\_\_\_\_

For Course Re-Accreditation with Curriculum Changes:

- Course curriculum and syllabus.       Previous Accreditation Number: \_\_\_\_\_
- Class schedule with dates and times.       Instructor Presentation Outline.
- Testing Instrument (For those courses being taught to qualify an employee for advanced certification).
- (DPS Use Only) New Accreditation Number Issued: \_\_\_\_\_

Form LEA-66-A (Course Accreditation Roster) must be submitted to the DPS Training & Recruiting Division within 30 days from the date the course is completed for DPS student course credit.

### DPS Training Use Only

Processed By: _____	Course/Conference Accreditation#: _____	Accreditation Expires: _____
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# LEA-86A Conference Certification

New Mexico Department of Public Safety  
 Training Center  
 4491 Cecilia Road, Santa Fe, NM 87507  
 www.dps.nm.gov/training  
 (505) 827-6251 (9AM-5PM) (NM Only)  
 Fax: (505) 843-3442

## REQUEST FOR CONFERENCE CERTIFICATION

All courses must receive approval prior to instruction

Please type or print all information

Conference Title	_____		
Location of Conference:	_____		
Requested By	_____		
	Department or Agency		
Mailing Address	_____		
	Street or PO Box		
	City	State	Zip
Contact Person	_____	Telephone	_____
Email:	_____		
Total Conference Hours:	_____	Hours Requested for Certification:	_____

For Conference Certification

- Conference Schedule
  - Individual Course Detail:
    - a. Title of each requested certified course/topic/session.
    - b. Date and Duration (hours) of each certified course/topic/session.
    - c. Resume of all instructors.
  - Instructor and course evaluation instrument. (The form or other method the students use to evaluate the course and the instructor)
  - Conference Dates
- Conference Sponsor/Instructor Lesson Plan Affidavit**
- A notarized affidavit from the conference sponsor, or course instructor, must be submitted attesting that all certified Instructor Lesson Plan and/or Information/Materials presented will be made available to the DPS Training & Recruiting Division staff upon request.

Tracking and issuing certificates of attendance is the responsibility of the Conference Sponsor. LEA-86A may be used to track individual course attendance. All DPS certified individuals listed on the submitted LEA-86A will be awarded credit for the training course, otherwise the attendee must submit a conference certificate of attendance to DPS Training and Recruiting Division to receive in-service training course credit. Form LEA-86A must be submitted to the DPS Training & Recruiting Division within 30 days from the date the conference is completed.

**DPS Training Use Only**

Processed By:	Conference Certification:	Certification Expires:



# LEA-86C Sign-in/out roster

New Mexico Department of Public Safety Training Center  
 4491 Cerrillos Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)-827-3449— [www.dps.nm.org/training](http://www.dps.nm.org/training)

## DPS COURSE ATTENDANCE SIGN-IN/OUT

Course Title \_\_\_\_\_  
 Instructor \_\_\_\_\_

Accreditation # \_\_\_\_\_  
 Course Date (s) \_\_\_\_\_ Course Hours \_\_\_\_\_

*All missed instructional time and appropriate remediation must be documented for excused absences. Course Certificates will not be awarded to students with unexcused absences.*

STUDENT NAME (Last, First, MI)	Date	Time Left	Time Returned	Total Time Absent	If excused enter Method of Remediation If unexcused enter UNEXCUSED	Date/Time Of Remediation	Total Hours Re-mediated

Submitted by: \_\_\_\_\_  
Print Name Signature

Date: \_\_\_\_\_

Page: \_\_\_\_ of \_\_\_\_

# LEA-87 DWI/SFST Accreditation

<b>REQUEST FOR DWI/SFST COURSE ACCREDITATION</b> <small>All courses must receive approval <u>prior</u> to instruction</small>	
<input type="checkbox"/> ORIGINAL ACCREDITATION	<input type="checkbox"/> RE-ACCREDITATION
<i>Please type or print all information</i>	
Course Title _____	Requested By _____
Mailing Address _____	Department or Agency _____
City _____ State _____ Zip _____	Street or PO Box _____
Contact Person _____	Telephone _____
Contact Email: _____	Instructor Name(s) _____
Total Course Hours _____	Number of Students _____

*Attached the following Documents*

**Note: Please submit the listed items in hard copy and electronic format.**

- Course curriculum (lesson plan). The complete body of the presentation, and supporting material
- Course Syllabus/Outline of schedule with dates and times of each course/session.
- Instructor and course evaluation instrument.
- Testing/Proficiency instrument

**MAIL To: DPS Training Center/DWI/SFST Oversight**  
**Attn: Advanced Training Bureau Chief**  
**4491 Cerrillos Road**  
**Santa Fe, NM 87507**

**(DPS/DWI/SFST Oversight Committee Use Only)**

Date Received: \_\_\_\_\_ Date Committee reviewed: \_\_\_\_\_

**Committee Course/DPS Standards Evaluation:**

**Course Type:**  Basic  Officer Update  Instructor Recertification

**A. Curriculum Content:**

- Conforms w/DPS Standards  Conforms w/NHTSA Standards
- Non-conformance w/DPS Standards  Non-conformance w/NHTSA Standards

**B. Proficiency/Exam Standard:**

- Conforms with DPS Standards  Conforms with NHTSA Standards
- Non-conformance w/DPS Standards  Non-conformance w/NHTSA Standards

**C. Class Size:**

- Conforms with DPS Standard  Conforms with NHTSA Standards
- Non-conformance w/DPS Standards  Non-conformance w/NHTSA Standards

**D. Instructor/Student Ratio:**

- Conforms with DPS Standard  Conforms with NHTSA Standards
- Non-conformance w/DPS Standards  Non-conformance w/NHTSA Standards

**E. Wet/Dr Labs:**

- Conforms with DPS Standard  Conforms with NHTSA Standards
- Non-conformance w/DPS Standards  Non-conformance w/NHTSA Standards

**F. Materials:**

- Conforms with DPS Standards  Conforms with NHTSA Standards
  - Non-conformance w/DPS Standards  Non-conformance w/NHTSA Standards \_\_\_\_\_
- (Student/Instructor Guide/Videos, etc.)

DWI/SFST Committee Approval

(Print Committee Chairperson name) \_\_\_\_\_ Chairperson Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

DWI/SFST Committee Denial

(Print Committee Chairperson name) \_\_\_\_\_ Chairperson Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

Forwarded to DPS/TRD Deputy Director

Date: \_\_\_\_\_

**DPS Training Use Only**

Processed By/Date:	Course Accreditation#:	Accreditation Expires:
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# *Individual Training Forms:*

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- LEA-42 (Training Registration)
- LEA-85 (Cont. of Cert. Firearms)
- LEA-85A 2006-2007 (Cont. of Cert. Officer Training)
- LEA-85A 2008-2009 (Cont. of Cert. Officer Training)
- LEA-85B (Cont. of Cert. PST Training)

# LEA-42 Training Registration

<b>TRAINING APPLICATION</b>	
<p><b>New Mexico Department of Public Safety Training Center</b>            4491 Carrillos Road, Santa Fe, New Mexico 87507            (505) 827-9251 / (800) 521-9911 (NM only)            Fax: 505-827-3449 <a href="http://www.dps.nm.org/training/">www.dps.nm.org/training/</a></p>	
<p><b>This application will not be processed unless signed on the back of this form by the applicant and the Agency Head or Designee</b></p> <p><i>(Type or Print Only)</i></p>	
<p>Last Name: _____ First Name: _____ Middle Initial: _____            Social Security Number: _____ NMDPS Certification #: _____            Agency Name: _____ Rank/Job Title: _____            Mailing Address: _____            Billing Address: _____            Contact Information: Phone #: _____ Fax #: _____            Email address: _____</p>	
<p><input type="checkbox"/> Advanced Training Course      <input type="checkbox"/> Critical Incident Response Course</p> <p>Course Requested: _____            Location of Course: _____ Date(s): _____            Course Cost: _____            Payment: <input type="checkbox"/> Department Check   <input type="checkbox"/> Money Order   <input type="checkbox"/> Purchase Order   <input type="checkbox"/> Personal Check   <input type="checkbox"/> Comp</p>	
<p><b>Jurisdictional Function (Check One Only):</b></p> <p><input type="checkbox"/> City   <input type="checkbox"/> County   <input type="checkbox"/> State   <input type="checkbox"/> Tribal   <input type="checkbox"/> Federal</p> <p><input type="checkbox"/> Other _____</p>	
<p><b>Agency Type (Check One Only):</b></p> <p><input type="checkbox"/> Law Enforcement   <input type="checkbox"/> Fire Department   <input type="checkbox"/> Emergency Medical Services   <input type="checkbox"/> Emergency Management</p> <p><input type="checkbox"/> Other _____</p>	
<p><b>NMDPS Training Center Official Use Only</b></p>	
<p><input type="checkbox"/> Class Cancelled   <input type="checkbox"/> Student Withdrawal   <input type="checkbox"/> Fail to complete class</p> <p><input type="checkbox"/> Confirmation sent (Date) _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Agency/Student Invoiced (Date) _____ <input type="checkbox"/> Payment Received (Date) _____</p>	

Revised 02/2007

LEA-42

<b>NMDPS Training Center Policy</b>
<p><b>DRESS/ATTIRE</b></p> <p>The Training Center maintains a professional work environment in accordance with NM Department of Public Safety Standards, therefore, uniform or appropriate business dress is required. Casual attire is prohibited unless specifically required by the course activity, as determined by the instructor. Individuals not in compliance will be dismissed or required to change into appropriate attire, and their agency will be notified. Appropriateness of clothing will be determined by the appropriate Training Bureau Chief.</p>
<p><b>ATTENDANCE AND CONDUCT</b></p> <p>Courses will generally be conducted between 8:00 a.m. and 5:00 p.m. on the starting date of each course, unless otherwise specified. The Training Bureau will administer registration procedures for programs. Students are expected to adhere to the directives established by the NMDPS Training Center.</p> <p>Following the first day of class, starting times and lunch breaks may be varied by the Instructor or Coordinator to meet special course needs.</p> <p>Students are required to attend 100% of all scheduled training sessions in each course. When attendance conflicts occur, the Instructor will determine the remediation requirements and document all remediation action taken with each student in the course file for submission to DPS.</p> <p>No outside materials unrelated to the course will be allowed. This includes items such as newspapers, magazines, books, radio/CD players, etc. Cell phones and other messaging media will remain off during class, unless otherwise approved by the instructor. Students will have regular breaks during which phone calls, messages, and personal needs may be addressed.</p> <p>Professional conduct of all students is required. Dismissal of students will be determined solely by the course instructor unless the conduct interferes with the operation of the facility, at which point, the appropriate Training Bureau Chief may dismiss the student from the facility.</p>
<p><b>APPLICANT ACKNOWLEDGEMENT</b></p> <p>I have read and understand the NMDPS Training Center dress/attire, attendance and conduct policy. I hereby understand that I am applying for the above course and I will be responsible for all charges for this course if my agency does not sponsor my participation.</p> <p>Applicant Name (Printed): _____ Signature: _____ Date: _____</p>
<p><b>AGENCY APPROVAL</b></p> <p>I hereby certify that the applicant is a member in good standing with my department. Attendance at the requested training program is authorized and my agency will be responsible for all charges.</p> <p>Agency Head/Designee Name (Printed): _____ Signature: _____</p>

Revised 02/2007

LEA-43



# LEA-85 Cont. of Cert. Firearms

New Mexico Department of Public Safety Training Center  
 4491 Cerrillos Road, Santa Fe, New Mexico 87507  
 (505)827-9251 — (800)521-9911 (NM Only) — Fax: (505)827-3449 — www.dps.nm.gov/training

## CONTINUATION OF CERTIFICATION ANNUAL FIREARMS TRAINING REPORT

Pursuant to DPS LEA Rule 10.29.9.14, the listed individual has met the firearms re-qualification requirements as noted:

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

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_

NM State Law Enforcement Certification #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Official State of NM DPS Qualification Course Scores:

Date	Day Time Score	Night Time Score	Make	Model	Serial Number

Range facility (Agency/Location): \_\_\_\_\_

DPS Instructor (Print or Type) \_\_\_\_\_ DPS Firearm Instructor Certification Number \_\_\_\_\_

I hereby certify that I am a certified NM Department of Public Safety Firearm Instructor and the above firearms qualification scores are true and correct.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Number: \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Registry Input by: _____	Instructor Certification Verified by: _____	Firearms Qual. Processed by: _____
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# LEA-85A Cont. of Cert. Officer Training 2006-2007

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only) — Fax: (505)827-3449— www.dps.nm.org/training

Law Enforcement Officer

## Continuation Of Certification Annual In-Service Training Report

Page: 1/2

Reporting Period:  Year 1(Biennium Period): 20\_\_\_\_  
 Year 2(Biennium Period): 20\_\_\_\_

Pursuant to DPS LEA Rule 10.29.7.8, the listed courses are submitted in fulfillment of the TWENTY (20) hour annual in-service training requirements.

Name \_\_\_\_\_  
 Last First Middle  
 Date of Birth SSN Gender

NM State Law Enforcement Certification #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Contact Number \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Training Certification

I \_\_\_\_\_ hereby certify that the attached (page2)  
 (Certified Officer/Individual requesting continuation of certification)

information is true and correct and I have completed the listed courses and I have attached as proof of attendance all training certificate(s) or proof of course attendance .  
 OR

a memorandum of completed training, from the Sponsoring Agency/Training Director/Instructor as proof of completion of training.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Submitting Officer)

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only) — Fax: (505)827-3449— www.dps.nm.org/training

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## 2006-2007 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Legislative Mandated Training Hours: 10.29.7.8.A (minimum 7 hours)					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
Domestic Violence		1			
Hate Crimes		2			
Persuit Policy		4			
<b>TOTAL HOURS:</b>		7			

NMAC Rule 10.29.7.8.A: Maintenance training/education (20 hours: minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update/ Instructor Update	8/16		
<b>TOTAL HOURS:</b>				

NMAC Rule 10.29.7.8.B: Advanced and specialized training (20 hours: minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
<b>TOTAL HOURS:</b>				

(use additional sheets if necessary)

Date Submitted: \_\_\_\_\_

Registry Input by: \_\_\_\_\_ Certificate/Hours Verified by: \_\_\_\_\_ Biennium Training Processed by: \_\_\_\_\_

# LEA-85A Cont. of Cert. Officer Training 2008-2009

Page 1/2

Law Enforcement Officer

**Continuation Of Certification - Annual In-Service Training Report**

Reporting Period:  Year 1 (Biennium Period): 2008  
 Year 2 (Biennium Period): 2009

Pursuant to DPS LEA Rule 10.29.7.8, the listed courses are submitted in fulfillment of the TWENTY (20) hour annual in-service training requirements.

Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_  
 NM State Law Enforcement Certification #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Contact Number \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

**Training Certification**

I \_\_\_\_\_ hereby certify that the attached (page2)  
 (Certified Officer/Individual requesting continuation of certification)

information is true and correct and I have completed the listed courses and I have attached as proof of attendance all training certificate(s) or proof of course attendance ,  
**OR**

a memorandum of completed training, from the Sponsoring Agency/Training Director/Instructor as proof of completion of training.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Submitting Officer)

Revised 10/2007

LEA-85A

Registry Input by:

Certificate/Hours Verified by:

Biennium Training Processed by:

Page 2/2

**2008-2009 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Mandated Training Hours: 10.29.7.8.A (minimum 15 hours)					
Date Attended	Course	Hours Mandated	Hours Taken	Instructor(s)	Location
	Domestic Violence	1			
	Hate Crimes	2			
	Pursuit Policy	4			
	Children upon Arrest	4			
	Firearms Day	2			
	Firearms Night	2			
<b>SUB-TOTAL HOURS:</b>		<b>15</b>			

NMAC Rule 10.29.7.8 Non-mandated training hours				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update (optional)	8		
<b>SUB-TOTAL HOURS:</b>				
<b>Grand Total (Minimum 20/year)</b>				

Use additional sheets as necessary.

Note: Must be submitted annually

# LEA-85B Cont. of Cert. PST Training

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.gov/training

**Telecommunicator**  
 Continuation of Certification — Annual In-Service Training Report

Reporting Period:  Year 1(Biennium Period): 20\_\_\_\_  Year 2(Biennium Period): 20\_\_\_\_

Pursuant to DPS LEA Rule 10.29.7.9, the listed courses are submitted in fulfillment of the TEN (10) hour annual in-service training requirements. (Due no later than January 15 of each year.)

Name \_\_\_\_\_  
 Last First Middle  
 Date of Birth SSN Gender \_\_\_\_\_

NM State Law Enforcement Certification #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Contact Number \_\_\_\_\_ - \_\_\_\_\_

Training Hours: 10.29.7.9.A (Maintenance education - Minimum 3 hours).

Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
<b>TOTAL HOURS:</b>					

(attach all certificates)

Training Hours: NMAC Rule 10.29.7.9.B (Advanced and Specialized training/education - Minimum 3 hours).

Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
<b>TOTAL HOURS:</b>				

(attach all certificates)

New Mexico Department of Public Safety Training Center  
 4491 Carrillon Road, Santa Fe, New Mexico 87507  
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.gov/training

Training Hours: NMAC Rule 10.29.7.9.C (Miscellaneous - Minimum 4 hours - see rule)

Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
<b>TOTAL HOURS:</b>				

I \_\_\_\_\_ hereby certify that the above information is true and (Certified Telecommunicator/individual requesting continuation of certification) correct and I have completed the listed courses AND attached as proof of attendance my training certificate(s), or a memorandum of training, from the Sponsoring Agency/Training Director/Instructor as proof of completion of training.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Submitting Telecommunicator)

Registry Input by:	Certificate/Hours Verified by:	Biennium Training Processed by:
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# How to get the forms

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- 2007 DPS Training Reference Guide 6<sup>th</sup> 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.....

