



Status Verification Form Certification by Waiver of Previous Training

State of New Mexico
Department of Public Safety
Training & Recruiting Division
4491 Cerrillos Road
Santa Fe NM 87507
(505) 827-9251

↓Applicant Section

APPLICANT: Please write legibly or type the information in this section

I, _____, do hereby authorize any and all persons, organizations and agencies to release, furnish and exchange any and all information relating to me for the purpose of determining my eligibility and suitability to be certified as a law enforcement officer in the State of New Mexico. This authorizes release to the New Mexico DPS Training and Recruiting Division and _____. I do hereby release from any and all liability all persons or entities disclosing information pursuant to this release.

<i>Name (Last, First, MI)</i>	<i>Social Security Number</i>	<i>Date of Birth (Month, Day, Year)</i>
<i>Previous State or Federal Agency Certification</i>	<i>Certification/License #</i>	<i>Type of Certification</i>
 	 	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve <input type="checkbox"/> Other:
<i>Last Employing Agency</i>	<i>Date of Separation</i>	<i>Reason for Separation</i>
 	 	<input type="checkbox"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated (Explain on separate sheet)
I certify that under the penalty of perjury that the above information is true. I understand that any falsification of the above information is grounds for denial or revocation of my New Mexico Law Enforcement Officer certification.		Subscribed and sworn before me this _____ day of _____, _____. By _____ (Attach Seal Here) Signature _____ Notary Public for the State of _____ And the County of _____ My Commission Expires: _____
_____ Signature of Applicant	_____ Date	

↓Previous Law Enforcement Certifying State or Federal Agency Section

State/Federal Official: Please verify the information above, and provide the information below

(Please indicate all records of this applicant, most recent full-time employment first)

Agency	City, State	Rank/Position	Month	Day	Year
			Date Began		
			Date Separated		
			Date Began		
			Date Separated		
			Date Began		
			Date Separated		
			Date Began		
			Date Separated		

Training History

(Please indicate all basic/entry level law enforcement training of this applicant that is mandated by your agency or state)

Course Name/Type	Location	Length (hours)	Month	Day	Year
			Date Began		
			Date Completed		
			Date Began		
			Date Completed		

Status

Type of Certification	Level of Certification	Status of Certification	In Compliance With Mandated Continuing Ed. Requirements?
<input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Limited Authority <input type="checkbox"/> Other:	<input type="checkbox"/> Basic <input type="checkbox"/> Supervisory <input type="checkbox"/> Intermediate <input type="checkbox"/> Mid-Mgt <input type="checkbox"/> Advanced <input type="checkbox"/> Executive	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Decertified/Revoked <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NVA no requirement <input type="checkbox"/> NVA Other:

A disciplinary/misconduct record exists for this applicant Yes No Date certification will expire: _____

The information provided by the applicant is: Correct Incorrect (Explain on separate sheet)

Signature of Authorized Federal/State Official Date Agency

Please return completed form to NMDPS Training & Recruiting Division, 4491 Cerrillos Road, Santa Fe NM 87507 ATTN: Certification by Waiver