

## 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.

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