

**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)