

**CONTINUATION OF SERVICE
REACTIVATION OF NM CERTIFICATION
PAPERWORK CHECKLIST**

The following documents must be submitted for approval and verification of eligibility to be recognized as not having a break in service and re-activation of your NM Law Enforcement Certification. **Incomplete applications will be returned.**

ITEMS REQUIRED BY ALL APPLICANTS

- Letter** addressed to the Director requesting approval of recognition of no break in law enforcement service and re-activation of NM Certification.
- Form No. LEA-6** – Criminal History Affidavit.
- Form No. LEA-11A** – Employment History Form.
- Form No. LEA-13A** – Training Status Verification Form (One per employing agency must be submitted).
- Copy** of any P.O.S.T. or Federal certified training transcript. (if available)
- Copy** of all advanced training certificates and in-service training certificates completed.

Mail Entire Packet to:
New Mexico Department of Public Safety
Training Center, DPS/TRD
4491 Cerrillos Road, Santa Fe, NM 87507

DPS Use Only:

Review by: _____ Date _____

 Incomplete - Returned to applicant Date returned: _____

Complete - Forwarded to Deputy Director Date forwarded: _____

Computation of Training Hours:

Basic Academy Hrs _____ Advanced/In-service Hours _____ Experience: _____

Total Hours: _____

Director Approval By: _____ Date Approved _____

Director Rejected By: _____ Date Rejected _____

Date notification sent to applicant: _____

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)

**CONTINUATION OF LAW ENFORCEMENT SERVICE
EMPLOYMENT HISTORY**

Print Applicant's Name

Applicant's Address

City State Zip

Contact Phone Number Contact email

- 1. Please print or type all employment since leaving New Mexico State, County, Or Local agency.*
- 2. Use additional sheets if necessary.*

Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

Beginning Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	Ending Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	Ending Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	Ending Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:			Ending Employment Date:		
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	Ending Employment Date:	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Address: _____					
Duties: _____					



Status Verification Form

Continuation of Service

(No break in Law Enforcement Service)

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. One form must be submitted for each agency that you were employed with after separating from New Mexico Law Enforcement.

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.

Name (Last, First, MI)	Social Security Number	Date of Birth (Month, Day, Year)
Previous State or Federal Agency Certification	Certification/License #	Type of Certification <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve <input type="checkbox"/> Other:
Last Employing Agency	Date of Separation	Reason for Separation <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

↓Employing State, Local, or Federal Law Enforcement Agency Section

Please verify the information above, and provide the information below on Employment History

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

Agency	City, State	Rank/Position	Date Began	Month	Day	Year
			Date Began			
			Date Separated			
			Separated in Good Standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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)	Date Began	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/Local Official
 Contact #: _____

_____ Date

_____ Agency

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