



# Status Verification Form Certification by Waiver of Previous Training

New Mexico Law  
Enforcement Academy  
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 Law Enforcement Academy 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 _____		

## ↓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	Date Began	Month	Day	Year
			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)	Date Began	Month	Day	Year
			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"/> N/A no requirement <input type="checkbox"/> N/A 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 NM Law Enforcement Academy, 4491 Cerrillos Road, Santa Fe NM 87507 ATTN: Certification by Waiver