New Mexico Department of Public Safety Training Center
4491 Cerrillos Road, Santa Fe, New Mexico 87507
(505) 827-9251—(877) 237-7532 (NM Only) —Fax: (505) 827-3449— www.dps.nm.org/training/

CERTIFICATION BY WAIVER OF PREVIOUS TRAINING – PART I
VERIFICATION OF ELIGIBILITY CHECKLIST

The following documents must be submitted for approval and verification of eligibility to attend the Certification by Waiver of Previous Training Program. **Incomplete applications will be returned**. ***Once eligibility is verified applicant must complete and submit the CBW Part II Application Packet***

ITEMS REQUIRED BY ALL APPLICANTS

- ☐ **Letter** addressed to the Director requesting approval to attend the Certification by Waiver (CBW) program.
- ☐ **Form No. LEA-11** – Employment History Form.
- ☐ **Form No. LEA-13** – Training Status Verification Form
- ☐ **Notarized proof** of completion of a basic law enforcement academy from a recognized law enforcement academy.
- ☐ **Notarized certificate** from a law enforcement Spanish class.
- ☐ **Documentation** of the basic police academy course curriculum that was completed for basic law enforcement certification with beginning and ending dates of the basic training program including total number of basic academy training hours completed.
- ☐ **Copy** of P.O.S.T. certified training transcript. (if available)
- ☐ **Copy** of all advanced training certificates and in-service training certificates completed. Credit will only be given to training certificates that indicate the specific number of hours of training completed. No credit will be given for certificates that do not indicate hours of training.
- ☐ **Proof of Retirement** from law enforcement (if applicable).

Mail Completed Packet to:
New Mexico Department of Public Safety
Training Center, ATTN: Basic Training Bureau
4491 Cerrillos Road, Santa Fe, NM 87507

DPS use only:
CBW Location:_____
CBW Dates:_____

DPS Use Only:

☐ Basic Bureau CBW Review by:_____ Date:_____

☐ Regional CBW Academy Review by:_____ Date:_____

☐ Incomplete - Returned to applicant Date returned:_____

☐ Complete - Forwarded to Deputy Director Date forwarded: _____

Final Computation of Training Hours:
Basic Academy Hrs:_____ Advanced/In-service Hours:_____ Experience:_____
CBW Hrs:_____ **Total Hours:_____**

DPS Use Only

☐ Deputy Director Reviewed By:_____ Date Approved:_____

☐ Director Rejected By:_____ Date Rejected:_____

Date notification sent to applicant: _____

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EMPLOYMENT HISTORY

_____
Print Applicant's Name

_____
Applicant's Address

_____ _____ _____
City State Zip

_____ _____
Contact Phone Number Contact email

1. ***Please print or type all employment for the past five years.***
2. ***Please print all law enforcement experience regardless of dates.***
3. ***Use additional sheets if necessary.***

Beginning Employment Date: Month Year	**Ending Employment Date:** Month Year
Name of Employer:_____	
Address: _____	
Duties: _____	
Beginning Employment Date: Month Year	**Ending Employment Date:** Month Year
Name of Employer:_____	
Mailing Address: _____	
Duties: _____	
Beginning Employment Date: Month Year	**Ending Employment Date:** Month Year
Name of Employer:_____	
Mailing Address: _____	
Duties: _____	

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Beginning Employment Date: Month Year	**Ending Employment Date:** Month Year

Name of Employer:_____

Address: _____

Duties: _____

Beginning Employment Date: Month Year	**Ending Employment Date:** Month Year

Name of Employer:_____

Mailing Address: _____

Duties: _____

Beginning Employment Date: Month Year	**Ending Employment Date:** Month Year

Name of Employer:_____

Mailing Address: _____

Duties: _____

Beginning Employment Date:	**Ending Employment Date:**

Name of Employer:_____

Mailing Address: _____

Duties: _____

Beginning Employment Date: Month Year	**Ending Employment Date:** Month Year

Name of Employer:_____

Address: _____

Duties: _____

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.

Name (Last, First, MI)	*Social Security Number*	*Date of Birth (Month, Day, Year)*
Previous State or Federal Agency Certification	*Certification/License #*	*Type of Certification*
		☐Full-Time ☐Part-time ☐Reserve ☐Other:
Last Employing Agency	*Date of Separation*	*Reason for Separation*
		☐ Retired ☐ Resigned ☐ 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.

_____ _____
Signature of Applicant Date

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:

↓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?*
☐ Law Enforcement Officer ☐ Limited Authority ☐ Other:	☐ Basic ☐ Supervisory ☐ Intermediate ☐ Mid-Mgt ☐ Advanced ☐ Executive	☐ Current ☐ Expired ☐ Decertified\Revoked ☐ Other:	☐ Yes ☐ No ☐ N\A no requirement ☐ 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 NMDPS Training & Recruiting Division, 4491 Cerrillos Road, Santa Fe NM 87507 ATTN: Certification by Waiver