

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87505
(505) 827-9251 (800)521-9911 (NM Only)

PRD Course Dates _____

POLICE RADIO DISPATCHER TRAINING PAPERWORK CHECKLIST

The following documents must be submitted for enrollment in the New Mexico Department of Public Safety Training Center's Basic Police Radio Dispatcher Training Program, New Mexico Regional Academy Radio Dispatcher Graduate Program, Radio Dispatcher Certification by Waiver Program and Radio Dispatcher Correspondence Course. **Incomplete applications will be returned.**

ITEMS REQUIRED BY ALL APPLICANTS

- Form No. LEA-1** - Application for Admission/Certification.
- Form No. LEA-5** - Fingerprint Affidavit. Form must have original signatures.
- Form No. LEA-6** - Applicant Affidavit. Form must have original signatures.
- Form No. LEA-7** - Mental, Physical, Emotional Certification by department head. Form must have original signatures.
- Form No. LEA-8** - Waiver of Liability. Form must have original signatures.
- Form No. LEA-9** - Release of Information. Form must have original signatures.
- Form No. LEA-10** - Employment Verification. Form must have original signatures.
- Form No. LEA -12**- Applicant Affidavit of United States citizenship or legal residency or proof U.S. citizenship issued by an official government agency. **Hospital birth records and baptismal records are not acceptable.** *Photocopies of birth certificates and naturalization papers are not legal under New Mexico Law.*
- Form No. LEA-82** - Notice of Employment/Termination/Promotion/Entry Level Firearms Qualification. Form must have been previously submitted or attached to this application.
- Notarized copy of high school diploma, G.E.D. certificate or college diploma.
- Notarized copy of DD214 form (**if applicant has had military service**) must have character of service.

ADDITIONAL ITEMS REQUIRED FOR CERTIFICATION BY WAIVER OF PREVIOUS TRAINING

- Notarized copy of certificate from an accredited police radio dispatch academy.
- Documentation indicating course curriculum and beginning and ending dates of basic training program including total number of basic training hours completed.

ADDITIONAL ITEMS REQUIRED FOR NEW MEXICO SATELLITE ACADEMY GRADUATES

- Form No. LEA – 11** – Employment History Form.
- Notarized copy of certificate from an accredited radio dispatch academy.
- Documentation indicating course curriculum and beginning and ending dates of basic training program including total number of basic training hours completed.

ADDITIONAL ITEMS REQUIRED FOR CORRESPONDENCE COURSE

- Purchase Order for tuition.
- Notarized copy of Handicap Statement.

Forms behind Tab 17

New Mexico
 Department of Public Safety
Training Center
 4491 Cerrillos Road
 Santa Fe, New Mexico 87507-9721
 www.dps.nm.org/training/
 (505)827-9251 (800)521-9911 (NM Only)

APPLICATION FOR ADMISSION/CERTIFICATION

CHECK APPROPRIATE CATEGORY	
Law Enforcement Officer	Police Radio Dispatcher
<input type="checkbox"/> NMDPS Basic Training <input type="checkbox"/> Certification by Waiver of Previous Training <input type="checkbox"/> Previously certified in New Mexico with more than two year, but less than eight year break in law enforcement employment <input type="checkbox"/> Previously certified in another state <input type="checkbox"/> NM Regional/Satellite Academy	<input type="checkbox"/> NMDPS Basic Radio Dispatcher Training <input type="checkbox"/> Certification by Waiver of Previous Training <input type="checkbox"/> NM Regional/Satellite Academy

Please type or print all information. Incomplete applications will be returned.

Name:				
	Last	First	Middle	Maiden
Date of Birth:	Place of Birth:	Social Security Number:		Sex:
Name of Employing Law Enforcement Agency:				
Department Contact Person:			Telephone Number:	
Department Mailing Address:	Street or P.O. Box			
	City		State	Zip
	Date of Employment:	Date of L.E. Commission:	Job Title:	
I certify that the foregoing information supplied by me is true and correct.				
_____ Applicant Signature			_____ Date	
<input type="checkbox"/> Registry Input Processed By (DPS use only)		<input type="checkbox"/> Training Processed By (DPS use only)		

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/
(505)827-9251 (800)521-9911 (NM Only)

FINGERPRINT AFFIDAVIT

(refer to 10.29.9.13 NMAC)

I certify that the fingerprints of _____ were
Please Type or Print **Applicant Name**

submitted to both the Federal Bureau of Investigation and the New Mexico State Police for records check and it was determined the applicant has not been convicted of or pled guilty to or entered a plea of nolo contendere to any felony charge or, within the three-year period immediately preceding his application, to any violation of any federal or state law or local ordinance relating to aggravated assault, theft, driving while intoxicated, controlled substances or other crime involving moral turpitude and has not been released or discharged under dishonorable conditions from any of the armed forces of the United States.

I also certify that the original fingerprint cards/clearances are on file at:

Please Type or Print **Department** **Date**

Department Head Name: _____

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
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)

Note-The New Mexico Department of Public Safety Training Center cannot accept original fingerprint cards. Please send only this affidavit with application after fingerprint cards have been processed by both the New Mexico State Police and the Federal Bureau of Investigation.

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/
(505)827-9251 (800)521-9911 (NM Only)

APPLICANT AFFIDAVIT

Have you ever been arrested? (Include juvenile offenses)

Attach separate pages if necessary

Yes No If yes, explain charge, circumstance and date of occurrence:

Have you ever been convicted of any crime?

Attach separate pages if necessary

Yes No If yes, explain charge, circumstance and date of occurrence:

Have you ever been pardoned, entered into a pre-prosecution diversion program, or received a suspended or deferred sentence for any crime?

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:** _____

Applicant Signature _____

State of New Mexico }
County of _____ } SS

On this _____ day of _____, _____, before me personally
appeared _____ known to me to be the person

Applicant

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)

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/
(505)827-9251 (800)521-9911 (NM Only)

RADIO DISPATCHER 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 police radio
dispatcher.

Department Head Signature _____ Date _____

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)

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/
(505)827-9251 (800)521-9911 (NM Only)

WAIVER OF LIABILITY

NAME (Please Print) _____
Home Address _____
Home Telephone No. _____
Next of Kin _____ Relationship _____

I, the undersigned, hereby waive any claim for any injury against the New Mexico Department of Public Safety Training Center, any member of the staff, any of its employees or any trainee, which I may either directly or indirectly sustain as a result of my participation in any part or phase of the training and instruction I will receive at the Training center or other locations selected for the giving of training or supervision. This agreement shall be binding upon the undersigned, his heirs, and assignees.

Signature of Applicant _____ Date _____

State of New Mexico }
County of _____ } SS

On this _____ day of _____, _____, before me personally
Appeared _____ known to me to be the person

Applicant

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)

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/
(505)827-9251 (800)521-9911 (NM Only)

RELEASE OF INFORMATION

To Whom It May Concern:

Having made application with New Mexico Department of Public Safety Training Center, it is my understanding that a comprehensive investigation of my background may be conducted in connection with this application.

I do hereby give the officials of the Training Center the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by the Training Center pertaining to my work history, any arrest information, and other general qualifications for fitness.

Applicant Name _____
Please Print

Signature of Applicant _____ Date _____

State of New Mexico }
County of _____ } SS

On this _____ day of _____, _____, before me personally
appeared _____ known to me to be the person

Applicant

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)

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/
(505)827-9251 (800)521-9911 (NM Only)

RADIO DISPATCHER EMPLOYMENT VERIFICATION

I, _____ certify that
Please type or print Department Head Name
_____ was
Applicant Name
employed as a Radio Dispatcher with my agency on _____ and
Month Day Year
is responsible for dispatching emergency units

Department Head Signature _____ Date _____

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)

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/
(505)827-9251 (800)521-9911 (NM Only)

APPLICANT AFFIDAVIT
of
UNITED STATES CITIZENSHIP (Law Enforcement Officers)
or LEGAL RESIDENCY (Dispatchers only)

APPLICANT

I certify that I am a citizen of the United States of America or a legal resident. Official documentation of my citizenship or legal residency has been presented to the witness, who is the agency head or designee.

Applicant Name: _____
Please print or type.

Applicant Signature: _____ Date: _____

WITNESS (Agency head or designee)

I certify that I have reviewed official documentation indicating the above applicant is a citizen of the United States of America or legal resident.

Witness Name: _____
Please print or type.

Witness Signature: _____ Date: _____

- Type of documentation:** Birth Certificate (Must be issued by a government agency)
Must be completed. Passport
 Naturalization Papers
 Resident card or Paperwork (*for dispatchers only*)

Issued by: _____

Document #: _____

State of New Mexico }
County of _____ }SS

On this _____ day of _____, _____, before me personally appeared
_____ and _____ known to me to
Applicant **Witness**
be the persons whose names are subscribed to the above instrument and acknowledged
the same to be his/her own free act and deed.

Notary Public: _____ My commission expires: _____
(SEAL)

New Mexico
Department of Public Safety
Training Center
4491 Cerrillos Road
Santa Fe, New Mexico 87507-9721
www.dps.nm.org/training/

**NOTICE OF EMPLOYMENT/TERMINATION/PROMOTION/
ENTRY LEVEL FIREARMS QUALIFICATION**

Employment Termination Promotion

Entry Level Firearms Qualification

Please print all information

Name _____
 First Middle Last Maiden

Date of Birth _____ SS# _____ Gender _____

Ethnic Origin _____ Rank or Classification _____

Date of Current Employment _____ Date of Current Commission _____

Certification Number _____ Certification Date _____

TERMINATION INFORMATION

Date of Termination _____

Type of Termination

* If misconduct was involved, agencies are
required to submit form LEA-90.

- Resigned* Discharged *
- Retired Deceased
- Medical Decommissioned*
- Other*

ENTRY LEVEL FIREARMS QUALIFICATION

Name of Instructor (please print)

Social Security Number

Day Time Score

Night Time Score

Instructor Signature _____ Qualification Date _____

Please print the following information

Submitted by _____ Signature _____

Date _____ Title or Rank _____

Agency _____ Telephone _____

Registry input by:	Certification Verified by:	Firearms Qual. Processed by:
--------------------	----------------------------	------------------------------

Reminder NMLEA Needs :

- Notarized copy of high school diploma, G.E.D. certificate or college diploma.
- Notarized copy of DD214 form (**if applicant has had military service**) must have character of service.