

NEW MEXICO CORRECTIONS DEPARTMENT
Training Request

- NMCTA Training
 External Training: _____

Instructions: Please complete this form in its **entirety**. Failure to do so may lead to the form being rejected and returned to the applicant resulting in the possibility of not being admitted to the class. Supervisory approval must be obtained (as evidenced by signature/s and printed name on this form) prior to the applicant be added to the class roster.

Application Date: _____

APPLICANT INFORMATION

Employee Share ID# (if state employee): _____

Last Name First Name Middle Initial Rank/Title

Facility/Region or Department/Agency Work Number

Email Address: _____

PROGRAM INFORMATION

Course/Class Requested: _____

Course/Class Dates: _____

Time(s): _____

Lodging: NMCTA Dormitory Requested (Santa Fe classes only) Yes No N/A

Arrival Date: _____

Arrival Time: _____

Vehicle Make: _____

License Plate No: _____

SUPERVISORY/AGENCY APPROVAL

I hereby certify that the applicant named above is a member in good standing with my department and attendance at the requested training program is authorized:

Supervisor Name (PLEASE PRINT) Rank/Title

Supervisor Signature