

**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