

**BERNALILLO COUNTY SHERIFF'S DEPARTMENT
APPLICATION FOR SPECIAL DEPUTY COMMISSION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #:(____)_____ **CERTIFICATION #** _____

DOB: __/__/____ SSN: _____ Race: _____

Eyes: _____ Hair: _____ Weight: _____ Height: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE #:(____)_____

Are you a registered voter in New Mexico? _____ Or are you qualified to be a registered voter in the State of New Mexico? _____

How long have you resided in Bernalillo County? _____

Are you now or have you ever been certified as a law enforcement officer by the New Mexico Law Enforcement Academy? _____ If so, what agency _____ from date _____ to date _____.

Has your Driver's License ever been suspended? _____ Revoked? _____

Have you ever been convicted of a criminal offense including a felony, misdemeanor, or juvenile offense? _____ If the answer is yes, attach a list of offenses, dates, and dispositions.

Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C. §922 (g)(9)? _____ If the answer is yes, supply the date, location and disposition.

Briefly explain your reason for requesting a commission card: _____

IF YOU NEED EXTRA ROOM FOR ADDITIONAL INFORMATION, PLEASE ADD AN ADDITIONAL SHEET TO YOUR APPLICATION.

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I acknowledge that all statements made herein are made in good faith and are true, correct, and complete to the best of my knowledge and belief. I understand that falsification or omission of information will result in non-issuance of this commission.

I voluntarily give the Bernalillo County Sheriff's Department the right to make a thorough investigation of my past employment and activities, and any other source necessary to verify my responsibility and liability, all persons, companies and/or corporations supplying the aforementioned information.

SIGNED: _____ DATE: _____

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State of New Mexico  
County of \_\_\_\_\_

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
MONTH YEAR  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

(Seal)

**FOR OFFICIAL USE ONLY**

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

COMMISSION NUMBER ISSUED: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_