



STATE OF NEW MEXICO
 PUBLIC EDUCATION DEPARTMENT
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 SECRETARY OF EDUCATION

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NOTARIZED STATEMENT FOR LICENSURE EXTENSION REQUEST

I _____, would like to request an extension of my _____
(type of license(s) held)

My license # _____ was issued from July 1, _____ through June 30, _____.

Choose one:

I have only used the license from (month/year): _____ to (month/year) _____.

I have not used the license at any time during the time it was issued.

I _____, swear or affirm under penalty of perjury that all the information listed above is true and correct to the best of my knowledge.

 Signature of Applicant

 Date

Notary Statement:

I _____ Notary for the State of _____ in the County of _____

Confirm that the document was signed or attested before me on _____ by _____.

 Signature of Notary

_____ Seal or stamp above

My Commission Expires: _____