



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

THE STATE OF _____

COUNTY OF _____

On this _____ day of _____,
Month Year

Before me, the undersigned notary public, personally appeared _____
Name of Person(s) Acknowledging

Proved to me, through satisfactory evidence of identification, which was _____
Type of Identification

To be the person(s) whose name(s) is/are signed on the preceding or attached document and acknowledge to me that he/she/they signed it voluntarily for its stated purpose(s).

 Signature of Notary Public

 Commission Expiration Date of Notary Public

Seal