



STATE OF NEW MEXICO  
 PUBLIC EDUCATION DEPARTMENT  
 300 DON GASPAR  
 SANTA FE, NEW MEXICO 87501-2786  
 Telephone (505) 827-5800  
[www.ped.state.nm.us](http://www.ped.state.nm.us)

MARIANA D. PADILLA  
 SECRETARY DESIGNATE OF PUBLIC EDUCATION

MICHELLE LUJAN GRISHAM  
 GOVERNOR

**NOTARIZED STATEMENT FOR UNUSED YEARS 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