

**State of New Mexico  
Corrections Department**

Central Office Administration  
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**Susana Martinez**  
Governor

**Gregg Marcantel**  
Secretary 505.827.8884

**Aurora Sanchez**  
Deputy Secretary of Administration  
505.827.8631



Administrative Services 505.827.8601  
Adult Prisons 505.827.8767  
Corrections Industries 505.827.8906  
General Counsel 505.827.8698  
Information Technology 505.827.8713  
Probation & Parole 505.827.8830  
Office of Recidivism Reduction 505.827.8541  
Training Academy 505.827.8900

**"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."**

**NCIC CLEARANCE INFORMATION**

**ALL ITEMS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE PROCESSED**

**APPLICANT NAME** (please print): \_\_\_\_\_ ( \_\_\_\_\_ )

(MAIDEN)

**SOCIAL SECURITY #:** \_\_\_\_\_ **DOB** (month/day/year): \_\_\_\_\_

**DRIVERS LICENSE NUMBER AND STATE:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**CITY/STATE OF BIRTH:** \_\_\_\_\_

**STATES LIVED IN:** \_\_\_\_\_

**SEX:**  M  F **E-MAIL ADDRESS:** \_\_\_\_\_

**ETHNICITY:**

CAUCASION  HISPANIC  NATIVE AMERICAN  PACIFIC ISLANDER  AFRICAN AMERICAN

**AREA FOR CLEARANCE REQUEST:**

Construction  Food Service  Medical  Volunteer  Employment  Other

If "**Volunteer**" state affiliation: \_\_\_\_\_

If "**Other**" state what: \_\_\_\_\_

**PERSON REQUESTING CLEARANCE** (please print): \_\_\_\_\_

FOR DEPARTMENT USE ONLY	
DATE APPROVED: _____	APPROVED BY: SIGNATURE OF NCIC INVESTIGATOR _____
DATE DENIED: _____	
REASON FOR DENIAL: _____	