



State of New Mexico

**Board of Licensure for
Professional Engineers and Professional Surveyors
Office of Compliance and Enforcement**

Mailing: P.O. Box 25101 Santa Fe, New Mexico 87504
(505) 476-4565 Office • www.sblpes.state.nm.us

AFFIDAVIT OF WITNESS

I. Witness (Person who witnessed the Complainant's allegations)

NAME - LAST		FIRST	INITIAL
MAILING ADDRESS – NUMBER AND STREET / POST OFFICE BOX			
CITY		STATE	ZIP CODE
BUSINESS OR MESSAGE TELEPHONE	HOME TELEPHONE	EMAIL ADDRESS	

II. Complainant (Person making the complaint)

NAME - LAST	FIRST	INITIAL
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III. Respondent (Person being complained about)

NAME - LAST	FIRST	INITIAL
COMPANY / FIRM NAME		

IV. Statement of Witness (Write a detailed statement of the matter that you witnessed)

I am personally familiar with the facts and circumstances presented below. The following information contains only facts, avoids opinions, and presents all of the information that I believe to be important and/or relevant.

Continue on the next page

FOR OFFICIAL USE ONLY

- DO NOT WRITE BELOW THIS LINE -

Case Number: _____

Case Class: PE PS Unlicensed Engineer Unlicensed Surveyor

Investigator Assigned: _____

Technical Investigator Necessary? No Yes

Technical Investigator Assigned: _____

RECEIVED DATE



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COMPLAINT FORM

Continue from the previous page

Attach Statement Continuation Form(s) As Necessary - (Form on website)

VI. Affirmation

I hereby swear and affirm that the statements made in this affidavit are true and correct to the best of my knowledge and belief. I am competent to testify to such facts, and will testify to such in any administrative hearing and/or court upon notification. I further agree to cooperate fully with any investigation undertaken by the New Mexico Board of Licensure for Professional Engineers and Professional Surveyors and to freely provide any duly authorized investigator(s) with true and factual statements and/or testimony via email, facsimile, in person, telephonically, and to permit to see and/or duplicate any and all document(s) necessary.

SIGNATURE OF WITNESS	DATE
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VII. Notarization

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 _____.

(SEAL)

Notary Public

My Commission Expires