



# NM Forensic Laboratory Training Request

For law enforcement, judicial partners, and universities to request training from Laboratory personnel.

## Requestor Contact Information

Please provide your contact details so a laboratory staff member can contact you to fulfil your training request.

**Name of Requesting Organization/Agency? \***

**Requestor's (Point of Contact) Name: \***

First Name      Last Name

**Requestor's Phone: \***

Please enter a valid phone number.

**Requestor's Email: \***

example@example.com

## Training Request Details


Please provide more detail on the training you are requesting in the section below.

**What forensic discipline are you requesting for training? \***

- DNA/Biology
- Latent Prints
- Controlled Substances
- Firearms/Toolmarks

Methamphetamine Purity Testing  
Evidence Sample Collection

**When would you like the training to start? (Some trainings may be multiple days, so please ONLY select the start date of the training.) \***



Month Day Year Hour Minutes

**Do you have a training location/facility reserved for training? \***

- Yes
- No
- Maybe

**Where would you like the training to be held? \***

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

**Additional details/information pertinent to your request:**

Please provide any additional information or details that will be helpful to laboratory staff fulfilling your request. (Number of students, accessibility considerations, training flyer marketing, etc.)