



State of New Mexico

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

Mailing: P.O. Box 1967 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.

<b>SIGNATURE OF WITNESS</b>	<b>DATE</b>
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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