**APPLICATION FOR STATE HOUSE OF REPRESENTATIVES DISTRICT 48 VACANCY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being first duly sworn, states as follows:

(Print or Type Name)

1. I wish to be appointed by the Board of County Commissioners of Santa Fe County to the position of State Representative for House of Representatives District 48.

2. I am a citizen of the United States, a resident of the State of New Mexico, and a

resident of New Mexico State House of Representatives District 48. (Attach proof of U.S. Citizenship.)

3. The physical address of my residence, determined in accordance with NMSA 1978,

§ 1-1-7, is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Attach proof of physical residency.)

4. I am 21 years of age or older. (Attach copy of driver's license or other proof of age.)

5. I am a qualified elector, meaning that I am a resident of the State and qualified to vote under the provisions of the constitution of New Mexico and the constitution of the United States.

6. I acknowledge and understand that, if appointed to the position of State Representative for House of Representatives District 48, I may not hold any office of trust or profit with the state, county, or national governments (N.M. Const. art. IV, § 3) nor be appointed to any civil office in the state (N.M. Const. art. IV, § 28).

7. The information and statements in my letter of interest and resume accompanying my application are true and correct to the best of my knowledge. information, and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

State of

(County) of

NOTARIZATION

Signed and sworn to (or affirmed) before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_ Signature of Notarial Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_