Designation of Publication Officer

I _____ on this day designate _____

(please print)   (please print)

to be Publications Officer for the _____ Agency/Division/Bureau/ Section

in fulfilment of the requirement of NMAC 1.25.10.10.

Signature of Statutory Head of Agency

_____ Date _____

_____
Title

Signature of Designated Publications Officer

_____ Date _____

_____
Title

****

Publication Officer Contact Information

Agency Code : _____

Position Title _____

Division/Bureau/Section: _____

Phone Number (s) _____

Email:_____

Physical Address:_____