

STATE of NEW MEXICO
New Mexico Mounted Patrol
APPLICATION & GENERAL INFORMATION

Attached is your complete package for application to the New Mexico Mounted Patrol. You must properly complete and return pages 4-13. Pages 1, 2 & 3 are for applicant to keep. Please familiarize yourself with all instructions before filling out the forms.

The following page describes the standard procedures which an applicant will undergo.

1. APPLICANT COMPLETES AND SUBMITS APPLICATION PACKAGE TO THE TROOP COMMANDER OR ANOTHER TROOP MEMBER AS ADVISED.
2. TROOP SENDS THE ORIGINAL NOTARIZED APPLICATION, 3 FINGERPRINT CARDS, AND ALL OTHER REQUIRED DOCUMENTS TO THE NEW MEXICO MOUNTED PATROL'S CAPTAIN ADJUTANT.
3. THE CAPTAIN ADJUTANT WILL THEN FORWARD THE FINGERPRINT CARDS TO THE FBI AND A COMMISSION CARD WILL BE SENT TO THE CHIEF OF THE NEW MEXICO STATE POLICE AND THE GOVERNOR'S OFFICE. PRINT CARDS CAN TAKE FROM 2 TO 3 MONTHS OR LONGER TO COME BACK. NOTIFICATION OF FINGERPRINT CLEARANCE WILL BE SENT TO THE TROOP AS SOON AS IT IS RECEIVED BY THE CAPTAIN ADJUTANT. THE SIGNED COMMISSION CARD WILL BE SENT TO THE TROOP COMMANDER AS SOON ALL REQUIRED STEPS ARE FULFILLED.

WHILE THE APPLICANT IS WAITING FOR THE FINGERPRINT CARD TO BE RETURNED

1. THE APPLICANT MUST ATTEND TROOP MEETINGS.
2. UPON RECEIVING THE FINGERPRINT CLEARANCE, THE TROOP WILL SET-UP AN ORAL BOARD OF REVIEW AND SET A TIME FOR THE APPLICANT TO TAKE THE PHYSICAL AGILITY TEST (OPTIONALLY THESE ITEMS CAN BE DONE IN ADVANCE).
3. AT THE NEXT REGULARLY SCHEDULED TROOP MEETING, AFTER THE ORAL BOARD HAS MET, THE BOARD WILL GIVE ITS REPORT TO THE TROOP AND APPLICANTS WILL BE VOTED ON BY THE TROOP.
4. IF APPLICANT IS VOTED INTO THE TROOP, THEY WILL BE A MEMBER OF THE NEW MEXICO MOUNTED PATROL, BUT ONLY AS A CADET, NOT AS A COMMISSIONED OFFICER UNTIL THEY HAVE COMPLETED THEIR PRE-COMMISSION TRAINING.
5. THE TROOP SENDS THE COMPLETED NMMP FORM 1990-001 PRE-COMMISSION TRAINING TRANSCRIPT TO THE TRAINING CAPTAIN. THE TRAINING CAPTAIN WILL THEN SEND A PRE-COMMISSION TRAINING CERTIFICATE AND A VALID COMMISSION CARD TO THE TROOP. THE TROOPER WILL THEN BEGIN HIS 100 HOURS OF EVALUATED RIDING WITH FULL TIME POLICE OFFICERS AND START HIS POST COMMISSION TRAINING.

Good Luck, from the NMMP



New Mexico Mounted Patrol – Troop 10
4055 Sonoma Ranch Blvd NMSP Building
Las Cruces, NM 88011
(575) 323-1180
newmexicomountedpatrol.org

STATE of NEW MEXICO
New Mexico Mounted Patrol
APPLICATION INSTRUCTIONS

YOU WILL BE ASKED TO VERIFY ALL STATEMENTS YOU MAKE!

Please read all directions and each question carefully before answering.

COMPLETENESS:

Application should be complete and legible. Use a computer or print neatly in black ink.

ADDRESS CHANGE:

If you move or change your phone number notify the Troop Commander at the next business meeting.

Your failure to report these changes could prevent various notices from reaching you.

FINGERPRINTS:

You will need three copies of your fingerprint cards. The cards must have an ORI of NMSP0000 at the top.

You are responsible for arranging to have a Mounted Patrol officer with you to get your fingerprint cards

filled out, or another police officer that can take possession of the cards when completed. Be sure you and

the person making the fingerprints sign all three cards in the spaces provided. The Officer taking the prints

also fills out the "Employer and address" section with the name and address of their place of employment.

(DO NOT FILL IN OR ALLOW THE PERSON MAKING THE CARDS TO FILL IN ANY OTHER INFORMATION ON

THE CARD; THIS WILL BE DONE BY THE TROOP). A commissioned Mounted Patrol officer or other police

officer must maintain possession of the cards after printing. After printing, the applicant may NOT take

possession of, or be in possession of, or deliver the cards to the New Mexico Mounted Patrol.

PERSONAL RESUME FORM:

Please complete the personal resume form. You are also required to submit clear, readable photocopies of the following documents:

BIRTH CERTIFICATE	1 COPY
NEW MEXICO DRIVERS LICENSE	1 COPY
MILITARY DISCHARGE PAPERS (DD-214)	1 COPY
SOCIAL SECURITY CARD	1 COPY

PHOTOGRAPH:

You are required to provide one head-on photograph, no more than three years old, (passport style) which can be affixed to your resume form.

MEDICAL FORM:

You are required to completely fill in the health questionnaire.

BACKGROUND INVESTIGATION:

A background investigation will be conducted on all applicants.

ORAL INTERVIEWS:

Each applicant will be required to submit to an oral board for interview. Each applicant will be contacted to make an appointment for the oral board.

PHYSICAL AGILITY TEST:

Each applicant will be required to take a physical agility test. Each applicant will be contacted to make an appointment to take this test.

COPIES:

Submit originals only of all notarized or signed forms.

STATE of NEW MEXICO
New Mexico Mounted Patrol
EQUIPMENT REQUIREMENTS

- A. FATIGUE UNIFORM BDU (NEEDED DURING CADET STATUS):
1. SHIRT, BLACK IN COLOR. LONG SLEEVE OF THE TYPE WHICH MAY BE PURCHASED AT LOCAL DEPARTMENT STORES (OR STATE POLICE STYLE BDU)**
 2. PANTS, BLACK IN COLOR. LONG SLEEVE OF THE TYPE WHICH MAY BE PURCHASED AT LOCAL DEPARTMENT STORES (OR STATE POLICE STYLE BDU)**
 3. BDU COAT, BLACK IN COLOR, WITH BLACK T-SHIRT ALSO AUTHORIZED.
 4. CAP, BLACK BASEBALL TYPE CAP, WITH NMMP SHIELD CLOTH PATCH ON HAT.
 5. BOOTS, PLAIN BLACK OR BLACK LACE-UP COMBAT STYLE**
 6. PATCHES***
- B. CLASS, (A&B) UNIFORMS:
1. SHIRT, GRAY COMMAND TYPE UNIFORM. LONG-SLEEVED #1600-12024 & SHORT SLEEVE #1660-004-120004**
 2. PANTS, BLACK POLYESTER STRETCH JEANS, SAME STYLE AS THE LEVI #10517-G159, TEX TWILL OR THE WRANGLER RANCHER POLYESTER JEANS #82BK
 3. HAT, BLACK WESTERN STYLE FELT 4X QUALITY OR BETTER WITH A BRIM OF NO LESS THAN 3 INCHES NOR NO MORE THAN 4 INCHES AND A CROWN OF NO LESS THAN 4 INCHES NOR NO LONGER THAN 5 INCHES, WITH A RANCHER OR CATTLEMAN CREASE. EYELETS WILL BE BLACK. CROWN RIBBON WILL BE A PLAIN BLACK ¼ INCH WITH NO ORNAMENTS. (FOR CLASS B A BLACK BASEBALL CAP WITH NMMP CLOTH SHIELD ON THE HAT IS ALSO ACCEPTABLE AT TROOP COMMANDERS DISCRETION).
 4. TIE FOR CLASS A SHALL BE BLACK 4 INCH REGULAR BUSINESS TYPE NECKTIE BLAUER #8300**
 5. CLASS A BOOT WILL BE PLAIN PULL ON BLACK BOOT. CLASS B BOOT CAN BE THE SAME AS CLASS A OR A PLAIN BLACK COMBAT STYLE BOOT**
 6. GOLD NAMEPLATE; BLACK SAM BROWNE BELT AND ACCESSORIES; SIDE ARM; COLLAR INSIGNIAS*** AND METAL MOUNTED PATROL BADGE.
- C. OTHER REQUIRED ITEMS:
1. WEAPON (DOUBLE ACTION REVOLVER .38 OR LARGER)-(SEMI-AUTOMATIC, SINGLE OR DOUBLE ACTION 38 OR LARGER).
 2. BLACK BELT TROUSER TYPE.
 3. BLACK SAM BROWNE BELT.
 4. BLACK HOLSTER FOR SIDEARM.
 5. BLACK AMMUNITION HOLDERS, TWO RECOMMENDED.
 6. BLACK CUFF CASE AND HANDCUFFS.
 7. BATON (COLLAPSIBLE) AND BELT HOLDER OR CASE.
 8. BLACK FLASHLIGHT; RECOMMENDED 3 CELL SIZE C BATTERIES AND HOLDER.
 9. WEB BELT GEAR ALSO AUTHORIZED WITH BDU.
- D. ITEMS (A&C) WILL BE REQUIRED FOR USE DURING YOUR TIME SPENT IN CADET STATUS. YOUR FIREARM WILL BE REQUIRED FOR YOUR FIREARMS TRAINING.
- E. ITEMS WITH ** MAY BE PURCHASED THROUGH SIMMONS IN ALBUQUERQUE, NM.
- F. ITEMS WITH *** MAY BE PURCHASED THROUGH YOUR TROOP.
- G. YOU WILL BE REQUIRED TO HAVE A TELEPHONE.

STATE of NEW MEXICO
New Mexico Mounted Patrol
APPLICATION FOR MEMBERSHIP

Instructions

Please submit two copies of the main application form. Type or print in black ink complete each block on the front of this form. If a question does not apply to you, write "NONE".

NAME- Last, First, Middle

ADDRESS-Enter you complete mailing address including your zip code. If this has been your address for less than 5 years, list on the New Mexico Mounted Patrol Additional Data sheet your previous addresses.

RACE- Enter the following codes:

W-Anglo or Spanish I-Indian N-Black J-Japanese C-Chinese O-Other

EDUCATION- Enter one of the following codes;

D-Did not complete High School G-High School Graduate, GED or equivalent K-College Graduate

Duties, Functions and Responsibilities

It is the duty of each member of the New Mexico Mounted Patrol to assist in the enforcement of laws by cooperating with all law enforcement agencies and regulatory bodies of the State of New Mexico when requested by them and under their direction and control. Members of the New Mexico Mounted Patrol may be detailed to assist and render aid in specific instances involving law enforcement and other matters when request is made for such assistance and aid by the New Mexico State Police or other law enforcement agencies.

The New Mexico Mounted patrol functions as a professional law enforcement organization, which provides support to, paid, full time officers when increase demands strain their resources. The primary responsibility of each member is the protection of the people of the United States through the upholding of their laws. Additional responsibilities of each member include conducting themselves in such a way the public will regard them as an example of stability and morality, dealing with the public in a manner calculated to install respect for the law and the police service. It is the responsibility of each member to maintain a current address and phone number with the New Mexico Mounted Patrol and to arrange his business and personal affairs so that he can immediately report for duty when so ordered by the officers placed over them.

STATE of NEW MEXICO
New Mexico Mounted Patrol

Waiver and Release

I, the undersigned, have made application for membership to the New Mexico Mounted Patrol and it is my understanding that a reasonable and necessary requirement during my application procedure is for me to submit to and participate in certain testing and training programs as directed by authorized representatives by the New Mexico Mounted Patrol.

I hereby voluntarily submit to the aforementioned testing and training programs. Furthermore, I hereby waive and release any and all claims of injury against the state of New Mexico and the New Mexico Mounted Patrol or their agents and/or employees in their official and individual capacities, which I may either directly or indirectly sustain as a result of my participation in these testing and training programs. This waiver and release is binding on all my heirs, assigns, personal representatives or personal representatives of any nature now and in the future and I hereby direct that said representative or representatives may not properly challenge the waiver or release. It is hereby understood and agreed that in making application to join the New Mexico Mounted Patrol I give the New Mexico Mounted Patrol permission to conduct a complete background investigation of myself. It is understood and agreed that if accepted as a trooper in the New Mexico Mounted Patrol, I will be on probation for the first six months, and may be dismissed without recourse and required to return all items belonging to the New Mexico Mounted Patrol.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, of the year _____

Notary Public

My Commission expires: _____

(SEAL)

STATE of NEW MEXICO

New Mexico Mounted Patrol

TROOP APPLICATION FOR MEMBERSHIP

NAME			ADDRESS		ADDRESS			
SOCIAL SECURITY NUMBER			DRIVERS LICENSE NUMBER		STATE	CLASS	US CITIZEN	DATE OF BIRTH
BLOOD TYPE	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR	PLACE OF BIRTH	
HOME PHONE			BUSINESS PHONE			NEXT OF KIN		
EMPLOYER					JOB TITLE			
BUSINESS ADDRESS					JOB TITLE			
CREDIT REFERENCES					LIST ALL ORGANIZATIONS OF WHICH YOU ARE A MEMBER			
LIST PRIOR LAW ENFORCEMENT EXPERIENCE					LIST HOBBIES, SPECIAL INTERESTS, ABILITIES, ETC.			
LIST THREE REFERENCES, PREFERABLY RESIDING LOCALLY, NOT RELATIVES OR EMPLOYERS								YEARS KNOWN
	NAME	ADDRESS			PHONE	OCCUPATION		
1								
2								
3								
LIST ARRESTS AND TRAFFIC VIOLATIONS								
	CHARGE	DATE	LOCATION		DISPOSITION			

I, THE UNDERSIGNED, having learned the qualifications for membership in the New Mexico Mounted Patrol do hereby make application for membership and agree to support and abide by both the State and Troop by-laws and to obey the officers of the organization. I have enclosed an application fee of \$120 which I understand is NON-REFUNDABLE. I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that any false statements may be cause for dismissal should I be accepted for membership. It is hereby understood and agreed that in making application to join the New Mexico Mounted Patrol, I give the New Mexico Mounted Patrol permission to conduct a complete background investigation of myself. It is understood and agreed that if accepted as a trooper in the New Mexico Mounted Patrol, I will be on probation in the first 6 months and may be dismissed without recourse and required to return all items belonging to the New Mexico Mounted Patrol.

SIGNED _____ DATE _____

STATE of NEW MEXICO
New Mexico Mounted Patrol
EMPLOYMENT DATA

1. LIST BELOW ALL ADDRESSES YOU HAVE LIVE AT FOR THE PAST FIVE YEARS.
2. LIST ADDRESSES FROM MOST CURRENT BACKWARDS.
3. LIST ALL EMPLOYERS BY COMPANY NAME, POSITION, SUPERVISOR AND COMPANY ADDRESS.

FROM: _____ TO: PRESENT

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

FROM: _____ TO: _____

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

FROM: _____ TO: _____

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

FROM: _____ TO: _____

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

STATE of NEW MEXICO
New Mexico Mounted Patrol
ADDITIONAL EMPLOYMENT DATA

FROM: _____ TO: _____

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

FROM: _____ TO: _____

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

FROM: _____ TO: _____

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

FROM: _____ TO: _____

ADDRESS: _____

EMPLOYED BY: _____

POSITION: _____ TITLE: _____

SUPERVISOR: _____

STATE of NEW MEXICO

New Mexico Mounted Patrol

HEALTH QUESTIONNAIRE

NAME: _____ AGE: _____ SEX: MALE FEMALE

HEIGHT: _____ FT _____ IN. WEIGHT: _____ LBS.

1. Have you ever been treated by a physician? Yes _____ No _____
2. If "Yes" how long ago? _____
3. Have you ever had any type of operation Yes _____ No _____
4. If "Yes" what was it for? _____
5. Have you ever been treated for or told by competent authority that you have had:

	Yes	No
a. Heart problems	_____	_____
b. High Blood Pressure	_____	_____
c. Strokes	_____	_____
d. Respiratory problems	_____	_____
e. Ulcers	_____	_____
f. Stomach disorders	_____	_____
g. Nervous disorders	_____	_____
h. Mental disorders	_____	_____
i. Cancer	_____	_____
j. Tumors of any type	_____	_____
k. Diabetes	_____	_____
l. Kidney disorders	_____	_____
m. Genital-Urinary disorders	_____	_____

If "Yes" to any of the above questions, please fully explain.

CONDITION	DATE		NAME AND ADDRESS OF
	FROM	TO	PHYSICIAN OR HOSPITAL

6. Are you missing any limbs or organs? Yes _____ No _____
 7. Is the mobility of your arms, legs or body impaired? Yes _____ No _____
 8. Are you color blind? Yes _____ No _____
 9. Do you wear glasses/contacts? Yes _____ No _____
- If yes, then state what problem they correct: _____
10. Do you have any physical or medical disorder that would prevent you from performing the duties of a police officer? Yes _____ No _____

To the best of my knowledge and belief the information on this questionnaire is true and correct.

Signature _____ Date _____

STATE of NEW MEXICO
New Mexico Mounted Patrol
MEMORANDUM

To: All New Mexico Mounted Patrol Officers and Applicants.

From: Chief, NMMP

Date: March 3, 1997

Subject: Omnibus Consolidated Appropriation Act of 1997

The Omnibus Consolidated Appropriation Act of 1997 amends the Gun Control Act of 1968, and makes it unlawful to:

SHIP, TRANSPORT, POSSESS OR RECEIVE firearms or ammunition if **convicted** of a misdemeanor crime of domestic violence, past, present or future.

As defined by the Act:

1. A misdemeanor under Federal or State Law.
2. The use or attempted use of physical force or threatened use of a deadly weapon.
3. Committed by a current or former spouse, parent or guardian of the victim.
4. By a person with whom the victim shares a child in common.
5. By a person who is cohabitating or was cohabitating with the victim as a spouse (common law), parent or guardian or similarly situated.
6. Includes all misdemeanors that involve the use or attempted use of force (simple assault and battery).
7. Does not have to be specifically defined as a domestic violence misdemeanor.

The effective date is September 30, 1996.

It is mandatory for you to respond to this memorandum by signing below and having the document notarized and returned to the New Mexico Mounted Patrol's Captain Adjutant. Further, it will be the responsibility of ALL New Mexico Mounted Patrol Troop Commanders to ensure that their troopers have complied with this mandatory memorandum. Failure to sign and return this form by the date shown above will require that the trooper(s) be immediately suspended by the troop Commander from all New Mexico Mounted Patrol duties. The troop Commander May reinstate the trooper(s) only after obtaining approval from NMMP State Zone Deputy Chief.

I swear and affirm that I have no violations, in any jurisdiction that would apply to the Omnibus Consolidation Appropriation Act of 1997 which amends the Gun Control Act of 1968.

PRINT NAME

SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20____

NOTARY PUBLIC

My commission Expires: _____

(seal)

STATE of NEW MEXICO
New Mexico Mounted Patrol
AUTHORIZATION FOR RELEASE OF RECORDS

In order to determine my suitability as a Mounted Patrol Trooper, the New Mexico Mounted Patrol, will conduct a comprehensive personal background investigation.

I, _____, do hereby authorize any military organization, physician, insurance company, educational institution, governmental agency, bank or credit agency, former or present employer and another person or entity to furnish to the New Mexico Mounted Patrol any and all available information requested pertaining to me. I hereby release any and all persons from any civil or criminal liability whatsoever for releasing information pursuant to this Authorization for Release of Records.

Furthermore, I specifically authorize the New Mexico Mounted Patrol to disclose any information obtained, discovered or possessed by it to as may be required or authorized by law. I further authorize disclosure by the New Mexico Mounted Patrol of any information in their possession to the extent that such disclosure is made to another law enforcement or criminal justice licensing or regulatory agency or is needed or requested for criminal justice, investigatory, membership, or employment purposes.

Signature

STATE OF NEW MEXICO

COUNTY OF _____

I, _____, A Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purpose therein expressed.

WITNESS my hand and notarial seal, this the ___ day of _____, 20__.

Notary Public: _____

(seal)

My Commission Expires: _____

STATE of NEW MEXICO
New Mexico Mounted Patrol
Authorization for release of information

I, _____
NAME (Must Be Printed Legibly) (SSN) (DOB)

am being considered for a New Mexico State Police Commission for the Mounted Patrol. I understand that a comprehensive review of my background will be conducted by the State Police/Department of Public Safety, in conjunction with the background completed by the New Mexico Mounted Patrol. It is further my understanding that any history adversely reflecting on my qualifications or meeting the expectations of the Chief of the State Police will result in me not receiving a commission upon due consideration of the facts by the Chief of the State Police. This information will also be provided to the command structure of the Mounted Patrol.

I hereby give the Department of Public safety, New Mexico State Police Division or any duly authorized representative of the Department of Public Safety the authority to conduct any comprehensive investigation of my background the State Police deems necessary, including but not necessarily limited to oral discussions with any persons concerning my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any authorized representative of the State Police whether said records are public or private including those which may be deemed to be of a privileged or confidential nature. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to my background including but not limited to the records of educational institutions, military service records, investigations, arrests and /or convictions of myself in any criminal or civil matter. I also authorize the State Police to obtain from the State Taxation and Revenue Department any tax information that is in any way related to me.

I hereby authorize the release of records pertaining to me from any criminal justice, law enforcement or court agency, and release their officers and employees, or related personnel, both individually and collectively, from any and all liability because of compliance with their authorization and request to release information; or any attempt to comply with it.

I hereby release the custodians or custodians of such records and the State Police, Department of Public Safety, and the State of New Mexico, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature which at any time could result to me, my heirs, assigns, associates, personal representatives of any nature because of the compliance by said custodian or custodians with the Authorization for Release of Information and my request contained herein for the release of any of the records obtained by the Department of Public Safety, State Police Division, or the State of New Mexico. This release is binding, now and in the future, on my heirs, assigns, associates, personal representative or representatives of any nature.

This Authorization for Release of Information shall be valid until one year after the date of my signature as indicated below.

APPLICANT SIGNATURE DATE

Subscribed and sworn to before me on this _____ day of _____ 20____

My commission expires: _____

Seal

STATE of NEW MEXICO

New Mexico Mounted Patrol

The student will demonstrate his/her physical ability by performing the following skills:

A. 1.5 mile run

AGE	20-29	30-39	40-49	50-59	60+
M	14:00	14:45	15:35	17:00	19:00
F	18:30	19:00	19:30	20:00	20:30

NOTE: Run a measured mile and $\frac{1}{2}$ in a time equal to or less than the time specified for each age group.

12 minute walking/ running (optional)

AGE	20-29	30-39	40-49	50-59	60+
M	1.49	1.45	1.39	1.30	1.20
F	1.18	1.18	1.11	1.05	0.98

NOTE: Run or walk the measured mileage shown above in 12 minutes. The distance traveled shall be equal to or greater than the distance specified for each age group. This activity may be taken in place of the 1.5 mile run.

B. Push-ups in (1) minute

AGE	20-29	30-39	40-49	50-59	60+
M	25	22	19	15	10
F	17	12	8	6	5

Note: Perform as many correct push-ups as possible in (1) minute. The number performed should be equal to or more than the number specified for each age group. Females are allowed to use the modified push-up.

C. Curl-ups in (1) minute

AGE	20-29	30-39	40-49	50-59	60+
M	30	22	21	18	15
F	25	20	16	12	11

Note: Perform as many correct curl-ups as possible in (1) minute. The number performed should be equal to or more than the number specified for each age group.