

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



CRIMINAL JUSTICE STANDARDS DIVISION
POST OFFICE DRAWER 149, RALEIGH, NC 27602
TELEPHONE: (919) 661-5980

(Rev. 03/01/15)

RE-EXAMINATION REQUEST (Formerly SMI-6)

TO: Director, Criminal Justice Standards Division

FROM: Print Trainee's Name

SUBJECT: RE-EXAMINATION REQUEST*

Pursuant to the rule and exam indicated below, I the undersigned, officially request authorization for re-examination to be completed within 60 days of the original exam date. 9B.0406 (e)(3), 9B.0408(f)(3) or 9B.0413(e)(3), or 90 days for Motor Skills re-examination, 9B.0409(b). I fully understand that upon failure to achieve a passing score on the exam indicated, I will not be recommended for certification by the School Director and must satisfactorily complete a subsequent delivery of the course specified below.

EXAM TYPE

- BLET 70% Failed Unit Failed Unit
INSTRUCTOR 75% 9B.0413 (e) SMI Operator 70% 9B.0408(f) SMI Motor Skills 100% Competency SMI Instrument Sign Off 100% Competency

Original Test Location: Original Test Date:

Trainee Signature: Date:

SCHOOL DIRECTORS RECOMMENDATION:

As Certified School Director, pursuant to the above Rules, I do hereby recommend the above named individual for re-examination on the above indicated examination.

Signed: School: Date:

This request must be submitted to Criminal Justice Standards Division within 30-Days of the Original Exam Date.

*RE-EXAMINATION INFORMATION:

Trainee's Name: Trainee's DOB:

Address: Employing Agency (If Sworn):

Home #: Cellular #: Agency #:

This form must be presented to the Field Representative at the re-testing site listed below.

If you are unable to attend or need to reschedule a written exam, it is your responsibility to contact the Standards Division.

Re-exam Information:

Date: Time: Location:

Signature of Criminal Justice Standards Representative: