

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE



Sheriffs' Standards Division
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Attorney General

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Director

CHANGE IN STATUS
TELECOMMUNICATORS

Form F - 9T

Form F-9T
(Rov. 01/2012)

IDENTIFYING INFORMATION

NAME: _____

SS# [] [] [] / [] [] / [] [] [] []

DATE OF BIRTH: _____

DATE OF EMPLOYMENT: _____

EMPLOYING AGENCY: _____

ORI NUMBER (if applicable): NC

CHANGE FULL OR PART TIME STATUS

PRESENT STATUS:

CHANGE TO:

[] Telecommunicator/Full Time

[] Telecommunicator/Part Time

[] Telecommunicator Active

[] Telecommunicator Inactive

[] Telecommunicator Inactive

[] Telecommunicator Active

[] Telecommunicator/Part Time

[] Telecommunicator/Full Time

CHANGE IDENTIFYING INFORMATION

Present Name on File: _____

Change To: _____

SS# on File: _____

Change To: _____

Date of Birth on File: _____

Change To: _____

Effective Date: _____

Submitted By: _____