



Criminal Justice Education and Training Standards Commission
Criminal Justice Standards Division

NOTICE OF TRANSFER

Form F-5D (Adult Corrections)
(Rev. 5/16)

Name: (First) (Middle) (Last) (Suffix) Beacon #

Social Security # Date of Birth Applicant's Email

TRANSFERRING FROM:

- CORRECTIONAL OFFICER
PROBATION/PAROLE OFFICER
PROBATION/PAROLE SURVEILLANCE OFFICER

TRANSFERRING TO:

- CORRECTIONAL OFFICER
PROBATION/PAROLE OFFICER
PROBATION/PAROLE SURVEILLANCE OFFICER

EFFECTIVE DATE: POSITION TITLE:

Education Information:

High School Verified: Diploma Equivalency Credential Transcript Other:

College Verified: Diploma Degree Verification Transcript Other:

College Degree: Type of Degree Awarded (AAS, BA, BS, other)

STATE OF NORTH CAROLINA

COUNTY OF:

I hereby certify that each and every statement made on this form is true and complete. As the applicant for certification, I attest that I am aware of the minimum standards for employment, that I meet each of those requirements, that the information provided and all other information submitted by me, both oral and written throughout the employment certification process is accurate to the best of my knowledge. I further understand and agree that any omission, falsification, or misrepresentation of any factor or portion of such information can be the sole basis for termination of my employment and /or denial, suspension or revocation of my certification at any time. I further understand that I have a continuing duty to notify the Commission of all criminal offenses which I am arrested for or charged with, plead no contest to, plead guilty to or am found guilty of.

Subscribed and sworn to before me, this the day of , 20

This the day of , 20

Notary Public (Official Seal) My Commission Expires , 20

(Applicant's Signature in Full)

I, as an official representative of the Department of Correction, do submit to the Commission the above-named appointee as a candidate for certification. The candidate meets or exceeds each of the minimum standards for certification and this agency has properly conducted the required employment procedures as established by the Commission and incorporated in 12 NCAC 9G. All documents necessary to insure compliance with the rules of the Code are being retained in the personnel files of the Department of Correction and may be inspected at any reasonable time by representatives of the Commission. I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended or revoked by the Commission at any time, now or later, and may result in sanctions against this Agency.

Signature of Executive Officer or Registered Authorized Representative

Date