

**REQUEST FOR RE-EXAMINATION**  
**TELECOMMUNICATOR CERTIFICATION COURSE**

TO: \_\_\_\_\_

FROM:

Name (PRINT)		Social Security Number	
Street Number	Street Name	City/State	Zip Code
Employing/Sponsoring Agency		Agency Phone Number	

SUBJECT: Re-Examination Request

I, the undersigned, hereby officially request the Director of the Sheriffs' Standards Division to authorize my re-examination for the Telecommunicator Certification Course as soon as possible. I fully understand that this re-examination must occur within 90 days from the date of the original examination; and that if I do not achieve a minimum of 70% on this second attempt, I shall not be recommended for successful course completion and must enroll and attend a subsequent deliver of the training course in its entirety prior to the expiration of my probationary period as a telecommunicator.

Trainee's Signature	Date
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As the School Director, I do hereby recommend the above named individual for re-examination for the Telecommunicator Certification Course. He/She has successfully completed all course work as required by the Commission's rules.

School Director's Signature	Date
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Accredited Institution

As the representative of the North Carolina Sheriffs' Commission, I have fully explained the reexamination procedures to the trainee listed above.

Commission Representative	Date
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