CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



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

(Rev. 01//9/13)

RE-EXAMINATION REQUEST (Formerly SMI-6)

10:	Director, Criminal Justice Standards Division			
FROM:	Print Trainee's Name			
SUBJECT:	RE-EXAMINATION REQUEST*			
completed within failure to achieve	n 90 days of the e a passing score	original exam date. 9B.0406	5 (e)(3), 9B.0408(f) or 9B.040 not be recommended for certification	rization for re-examination to be 9(b). I fully understand that upon fication by the School Director and
EXAM TYPE				
BLET 70% Failed Unit			Failed Unit	
☐ INSTRUC 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 #:	Cellu	lar #: Age	ency #:	
This form must b	be presented to the	e Field Representative at the re	e-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				

 $\underline{http://ncdoj.gov/About-DOJ/Law-Enforcement-Training-and-Standards/Criminal-Justice-Education-and-Training-Standards/Forms-and-Publications.aspx}$