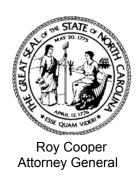
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE



Signature of Sheriff or Authorized Representative

Sheriffs' Standard Division POST OFFICE BOX 629, RALEIGH, N. C. 27602 TELEPHONE: 919-716-6460 FAX: 919-716-6753



Date

APPLICATION FOR RESERVE DEPUTY SHERIFF PROFESSIONAL CERTIFICATE RESERVE JUSTICE OFFICER SERVICE AWARD

	FOR STANDA	RDS DIVISION USE ONLY	
	Received	Processed	
Ev	aluating Official:		
Years of Creditable Experience:			
Recommended	Issuance of:		
			Form F-6R
 INSTRUCTIONS: Please type or print clearly. This form is to be completed by the RESERVE applicant and forwarded to his/her agency head for recommendation and signature. Years of service must be supported by documentation from the employing agency (i.e. reserve officer oaths of office, letters from sheriff and/or personnel division. Documentation MUST INCLUDE the hours called into reserve service each year.) 			
TO BE COMPLETED BY APPLICANT Name (PLEASE PRINT AS DESIRED ON CERTIFICATE)			
Applicant's Home Address	38:		
Applicant's Employing A	gency:		
APPLICATION FOR:	_		_
Basic Certificate -	Reserve Deputy Sheriff	Intermediate Reserve Service Awar	rd
Intermediate Certificate -	Reserve Deputy Sheriff	Advance Reserve Service Award	
Advance Certificate -	Reserve Deputy Sheriff		
ATTEST: I attest that I have read and subscribe to the Law Enforcement Code of Ethics. The information contained in this application is true and correct to the best of my knowledge.			
Signature of Applicant			Date
applicant has complied	with the Commission's Regulati	ons, is of good moral character an	that, to the best of my knowledge, the d is worthy of the certificate and/or s of this jurisdiction substantiate the