

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE



Sheriffs' Standard Division
POST OFFICE BOX 629, RALEIGH, N. C. 27602

TELEPHONE: 919-779-8213
FAX: 919-662-4515



Josh Stein
Attorney General

Richard Squires
Director

CHANGE IN STATUS
Form F - 9

IDENTIFYING INFORMATION

Form F-9
(Rev. 01/2017)

NAME : \_\_\_\_\_
SS#: \_\_\_\_\_
DATE OF BIRTH \_\_\_\_\_
DATE OF OATH : (Deputy) \_\_\_\_\_
DATE OF OATH or EMPLOYMENT : (Detention Officer) \_\_\_\_\_
SHERIFF'S OFFICE \_\_\_\_\_
ORI NUMBER: NC \_\_\_\_\_

CHANGE FULL/PART-TIME & ACTIVE/INACTIVE STATUS

PRESENT STATUS:

CHANGE TO:

- Deputy/Full Time [ ]
Deputy/Part Time [ ]
Deputy/Active [ ]
Deputy/Inactive [ ]
Detention Officer/Active [ ]
Detention Officer/Inactive [ ]
Detention Officer/Full Time [ ]
Detention Officer/Part Time [ ]

- Deputy/Part Time [ ]
Deputy/Full Time [ ]
Deputy/Inactive [ ]
Deputy/Active [ ]
Detention Officer/Inactive [ ]
Detention Officer/Active [ ]
Detention Officer/Part Time [ ]
Detention Officer/Full Time [ ]

CHANGE IDENTIFYING INFORMATION

NAME on File: \_\_\_\_\_
Change to: \_\_\_\_\_
Date of Birth on File: \_\_\_\_\_ Change to: \_\_\_\_\_
SS# on File: \_\_\_\_\_ Change to: \_\_\_\_\_

CHANGE FIREARMS STATUS

NOTE: IF THE OFFICER IS BEING CARRIED AS BOTH A DEPUTY SHERIFF AND DETENTION OFFICER,
PLEASE INDICATE THE APPROPRIATE STATUS OF EACH.

- Deputy/Authorized [ ] (scores must be attached) Deputy/Unauthorized [ ]
Detention Officer/Authorized [ ] (scores must be attached) Detention Officer/Unauthorized [ ]

Submitted By: \_\_\_\_\_ Date Signed: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE(S): \_\_\_\_\_