

NORTH CAROLINA DEPARTMENT OF JUSTICE SHERIFFS' STANDARDS DIVISION

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RICHARD SQUIRES DIRECTOR

REQUEST FOR TELECOMMUNICATOR INSTRUCTOR CERTIFICATION FORM I-2-T (web version) **Please Check:** Submit applications to sstraining@ncdoj.gov Original Application Renewal Application Requesting Professional Lecturer Telecommunicator Instructor Certification Requesting General Telecommunicator Instructor Certification Name: _____ County of Residence: Phone #: Home: Office:_____ **Personnel Record: Email Address:** Date of Birth: _____ Social Security Number: Current Employment: Agency and Address: Street Number Street Name City/State Rank or Title: Present Assignment or Position: If you are applying as a Professional Telecommunicator Lecturer to teach only the block Civil Liability for the Telecommunicator, you must have: (1) graduated from an accredited law school: AND (2) obtained the endorsement of a commission -certified School Director as indicated by signing this application. Indicate where you attended law school and date of graduation. Attach a copy of diploma or bar card:

C.	If you are applying for Gene Instructor Certification through AND have either:		, ,		
	1. Successfully completed a commission -accredited Telecommunicator Certification Course; OR				
	2. Hold a valid General or Grandfather Telecommunicator Certification.				
	OR you may qualify for a waiver. (see Section D.)				
	Are you currently certified as an instructor through Criminal Justice Education and Training Commission?				
	Yes No Certification Number:				
	Have you successfully completed the North Carolina Sheriffs' Education and Training Standards				
	Commission Approved Telecommunicator Certification Course? Yes No				
	Where Attended:	here Attended: Date Completed:			
	Do you currently hold v alid General or Grandfather Telecommunicator Certification? Yes No				
D.	If you are applying for a waiver of the initial General Telecommunicator Instructor Certification, you must have previously instructed a minimum of eight (8) hours in a commissionaccredited Telecommunicator Certification Course prior to 04/01/2001 and within one year of the date of this application. If you have done so, please s pecify:				
	Agency (s)/college (s)	Date (s) and hours	Blo	ck (s) of Instruction	
ackı	nowledge that any omission, falsi	Attestation and in this application is true and correct iffication, or misrepresentation of the information, or revoked by the commission.		, .	
	Date	Signature of Applicant or Agency Head			
		Recommendation: e requested be awarded. To the best of me desire and ability to provide effective in			
	Date	Date Signature of School Director			