

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE



Sheriffs' Standards Division  
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DIRECTOR

CHANGE IN STATUS  
TELECOMMUNICATORS

Form F - 9T

Form F-9T  
(Rev. 01/2025)

IDENTIFYING INFORMATION

NAME: \_\_\_\_\_

SS#    /   /

DATE OF BIRTH: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_

EMPLOYING AGENCY: \_\_\_\_\_

ORI NUMBER (if applicable): NC \_\_\_\_\_

CHANGE FULL OR PART TIME STATUS

PRESENT STATUS:

CHANGE TO:

Telecommunicator/Full Time

Telecommunicator/Part Time

Telecommunicator Active

Telecommunicator Inactive

Telecommunicator Inactive

Telecommunicator Active

Telecommunicator/Part Time

Telecommunicator/Full Time

CHANGE IDENTIFYING INFORMATION

Present Name on File: \_\_\_\_\_

Change To: \_\_\_\_\_

SS# on File: \_\_\_\_\_

Change To: \_\_\_\_\_

Date of Birth on File: \_\_\_\_\_

Change To: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Effective Date of Change(s): \_\_\_\_\_