

## NORTH CAROLINA DEPARTMENT OF JUSTICE SHERIFFS' STANDARDS DIVISION

POST OFFICE BOX 629 RALEIGH, NC 27602 - 0629 TELEPHONE: 919-779-8213 FAX: 919-662-4515

RICHARD SQUIRES DIRECTOR

Form F-7T (eff. 01/2025)

# REQUEST FOR SCHOOL ACCREDITATION FOR TELECOMMUNICATOR CERTIFICATION COURSE

Instructions:

- 1. This Form F-7T is to be completed and executed by the institutional or agency executive officer.
- 2. Please TYPE or PRINT clearly.
- 3. If necessary, attach additional pages and identify responsive information by item number.

#### I. APPLICANT

JEFF JACKSON

ATTORNEY GENERAL

Name of Institution/Agency:

Institutional/Agency Executive Officer:

Mailing Address:

# II. DESIGNATED "SCHOOL DIRECTOR"

I Name:	
Current Institutional Title or Agency Rank:	tutional Title or Agency Rank: Address: Telephone Number: Pager Number: Director currently certified as such by the Sheriffs' Education and Training Standards Commission? (If not, please
Professional Address:	
Professional Telephone Number:	Pager Number:
Is the School Director currently certified as such by the S	Sheriffs' Education and Training Standards Commission? (If not, plea

#### III. SCHOOL DIRECTOR'S STATEMENT

submit a "Request for Telecommunicator School Director Certification"

I, as designated "school director", do hereby certify that I have read and understand the responsibilities of a school director as specified in Title 12 NCAC, Chapter 10B, Section .0709.

Signature of "School Director"

Date

Yes

(Form -1T)

| No

# IV. REQUEST AND CERTIFICATION

I, as the executive officer of the applicant's institution/agency, herewith request the Sheriffs' Education and Training Standards Commission to grant accreditation with due recognition to deliveries of Commission -accredited Basic Telecommunicator Certification Course in accordance with Title 12 NCAC, Chapter 10B, Section .0804. I hereby certify that there are no willful misrepresentation, omissions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Executive Officer

Date