Print Form

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE

Sheriffs' Standard Division

POST OFFICE BOX 629, RALEIGH, N. C. 27602

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JEFF JACKSON
ATTORNEY GENERAL

WILLIAM MITCHELL
DIRECTOR

CHANGE IN STATUS

Form F - 9

IDENTIFYING INFORMATION

(Rev. 01/2025)

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/Part Time	☐	Deputy/Full Time	☐
Deputy/Active	☐	Deputy/Inactive	☐
Deputy/Inactive	☐	Deputy/Active	☐
Detention Officer/Active	☐	Detention Officer/Inactive	☐
Detention Officer/Inactive	☐	Detention Officer/Active	☐
Detention Officer/Full Time	☐	Detention Officer/Part Time	☐
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): _____