

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE



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WILLIAM MITCHELL
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:

☐ Telecommunicator/Full Time

☐ Telecommunicator Active

☐ Telecommunicator Inactive

☐ Telecommunicator/Part Time

CHANGE TO:

☐ Telecommunicator/Part Time

☐ Telecommunicator Inactive

☐ Telecommunicator Active

☐ 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): _____