



NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION

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JEFFREY SMYTHE
DIRECTOR

Form F-6
(Rev. 10/22)

APPLICATION FOR AWARD OF LAW ENFORCEMENT CERTIFICATE

FOR COMMISSION STAFF USE ONLY

Received: _____ Processed: _____ Evaluating Official: _____

Certified LE Officer: Yes No Full-Time Sworn, Paid Officer: Yes No

Attested to Code of Ethics: Yes No Agency Head Recommended: Yes No

Points Computation

Degrees and Colleges:

Education Points: _____

Training Points: _____

Total Points: _____

Years of Creditable Experience: _____

Recommended Issuance of: Intermediate _____ Advanced _____

INSTRUCTIONS:

1. Please type or print clearly. Attach additional sheets if necessary.
2. Applicant **must** be a full-time sworn, paid law enforcement officer and hold **General Law Enforcement Officer Certification**.
3. Applicant should complete this form and forward to his/her agency head for **recommendation and signature**.
4. Education and training **must** be supported by copies of agency training records, official transcripts, diplomas, or other verifying documents **attached** to this application. Years of full-time service must be supported by documentation from the employing agency. All supporting documentation **must** be signed by either the Agency Head or Commission recognized In-Service Training Coordinator.
5. The Agency Head or In-Service Training Coordinator should forward the completed application and attachments to the Criminal Justice Standards Division via mail, fax, or email at cjprocerts@ncdoj.gov for processing.

To Be Completed by Applicant

Applicant Name: _____

Rank/Title: _____ Date of Birth: _____ Last 4 of SS: _____

Home Address: _____ State: _____ Zip Code: _____

Personal Phone: _____ Email Address: _____

Employing Agency: _____ Agency Phone: _____

Mailing Address: _____ State: _____ Zip Code: _____

Application for: Intermediate Certificate Advanced Certificate

Insignia Preference (for **Advanced Certificate only**): Uniform Bar Lapel Pin

Law Enforcement Experience: List only permanent full-time sworn, paid experience. Exclude reserve, part-time or non-sworn experience. Out-of-state experience **must** be documented by original letter from previous agency head and military police experience **must** be documented by DD-214.

Agency Name & Location	Dates of Full-Time, Sworn Employment	Highest Rank

Law Enforcement Training: Please **ATTACH** training documentation (i.e., certificates of completion, transcripts, agency training records). NOTE: If a certificate of completion does not indicate the number of contact hours for the training/certification course, please also provide a transcript or agency training record indicating the number of hours.

Acceptable Training Types:

- Commission-approved law enforcement trainings/certification courses requiring one full contact hour or more.
- Departmental in-service training **beyond** the 24 hours of annual Mandatory In-service Training (including Department Choice topics).
- Basic Law Enforcement Training hours **beyond** the state mandated minimum hours at the time of completion.

Unacceptable Training Types:

- Non-law enforcement trainings/certification courses or other trainings/certification courses of less than one hour.
- Annual 24 hours of annual Mandatory In-Service Training (including Department Choice Topics).
- Basic Law Enforcement Training hours within the state mandated minimum hours at the time of completion.

College Education: Must provide copy of official transcript(s) or diploma(s).

Name of College	Dates Attended	Field of Study	Degree Awarded	Semester Hours

Attestation: I attest that I have read and subscribe to the Law Enforcement Code of Ethics. The information contained in this application is true and correct to the best of my knowledge.

Date: _____ Signature of Applicant: _____

Recommendation: It is recommended that the Certificate be awarded. I certify that, to the best of my knowledge, the applicant has complied with the Commission’s Regulations, is of good moral character and is worthy of the award. My opinion is based upon personal knowledge or inquiry, and the personnel records of this Agency substantiate the recommendation.

 Date Printed Name of Agency Head or In-Service Training Coordinator Signature