



**NORTH CAROLINA DEPARTMENT OF JUSTICE  
CRIMINAL JUSTICE STANDARDS DIVISION**

**JOSH STEIN  
ATTORNEY GENERAL**

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**JEFFREY SMYTHE  
DIRECTOR**

Form F-7  
(Rev. 10/22)

**APPLICATION FOR AWARD OF CRIMINAL JUSTICE CERTIFICATE**

**FOR COMMISSION STAFF USE ONLY**

Received: \_\_\_\_\_ Processed: \_\_\_\_\_ Evaluating Official: \_\_\_\_\_

Certified CJ Officer:  Yes  No Full-Time, Paid Officer:  Yes  No

Signed by Applicant:  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, paid criminal justice officer and hold **General Criminal Justice 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 to [cjprocerts@ncdoj.gov](mailto: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

