

NORTH CAROLINA SHERIFF'S EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE



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Diane Konopka
Director

CHANGE IN STATUS

Form F-9

IDENTIFYING INFORMATION

Form F-9
(Rev. 01/2017)

NAME: _____

LAST FOUR OF SSN: _____ DATE OF BIRTH: _____

DATE OF OATH: (DEPUTY) _____

DATE OF OATH OR EMPLOYMENT: (DETENTION OFFICER) _____

SHERIFF'S OFFICE: _____

CHANGE FULL / PART-TIME & ACTIVE / INACTIVE STATUS

PRESENT STATUS:

Deputy / Full Time

Deputy / Part Time

Deputy / Active

Deputy / Inactive

Detention Officer / Full Time

Detention Officer / Part Time

Detention Officer / Active

Detention Officer / Inactive

CHANGE TO:

Deputy / Part Time

Deputy / Full Time

Deputy / Inactive

Deputy / Active

Detention Officer / Part Time

Detention Officer / Full Time

Detention Officer / Inactive

Detention Officer / Active

CHANGE IDENTIFYING INFORMATION

Name on File: _____

Change to: _____

Date of Birth on File: _____ Change To: _____

SSN 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)

Detention Officer / Authorized (scores must be attached)

Deputy / Unauthorized

Detention Officer / Unauthorized

Submitted By: _____

Date Signed: _____

EFFECTIVE DATE OF CHANGE(S): _____