



NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION

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DIRECTOR

CHANGE IN STATUS
TELECOMMUNICATORS

Form F - 9T

Form F-9T
(Rev. 01/2018)

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:

CHANGE TO:

Telecommunicator/Full Time

Telecommunicator/Part Time

Telecommunicator Active

Telecommunicator Inactive

Telecommunicator Inactive

Telecommunicator Active

Telecommunicator/Part Time

Telecommunicator/Full Time

CHANGE IDENTIFYING INFORMATION

Present Name on File: _____

Change To: _____

SS# on File: _____

Change To: _____

Date of Birth on File: _____

Change To: _____

Effective Date: _____

Submitted By: _____