## CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

Criminal Justice Standards Division Post Office Drawer 149 Raleigh, NC 27602 (919) 661-5980 Fax (919) 779-8210

> Form F-25(LE) (07/20)

## Criminal Record Conviction History for B.L.E.T.

Instructions: Please type or print <u>all information</u> clearly. The purpose of this form is to allow an Agency Head to verify that their agency has obtained certified local and state criminal record check for all locations where the below individual has resided and any jurisdiction that the named individual has been convicted since becoming an adult. With the submission of this form, the Agency Head verifies that the below-listed individual does not have criminal convictions that would prohibit the individual from enrollment into a Basic Law Enforcement Training (B.L.E.T.) course. Prohibited convictions can be found in 12 NCAC 09B .0203. This form does not replace the requirement for hiring agencies to complete background investigations as required by the North Carolina Criminal Justice Education and Training Standards Commission or the North Carolina Sheriffs' Education and Training Commission.

A copy of this form and the supporting criminal record check documentation shall be retained in the submitting Agency's personnel file and in the trainee's file maintained by the B.L.E.T. School Director.

Note: Criminal Record Check shall include all legal names used by the applicant.

| Agency Name:                                   |  |   |                       |  |
|--|--|---|-----------------------|--|
| Agency Address:                                |  |   |                       |  |
| Applicant Full Name:                           |  |   | Zip Code              |  |
|  |  | (First, Middle, Last)   |                       |  |
| Former Legal Name                              | es (names must be wr                             | itten First, Middle, Last format):  |                       |  |
|  |  |   | <u> </u>              |  |
| 2  |  |   |                       |  |
|  |  |   |                       |  |
| -  |  |   |                       |  |
| Applicant Address:                             |  |   |                       |  |
| ••   |  |   | Zip Code              |  |
|  | Date of Birth                                    | Last 4 of Social Security Number  |                       |  |
| I, as an official repre-<br>the Commission and | sentative of the agenc<br>incorporated into 12 l | ey, attest that a criminal record check was properly conductive NCAC 09 of the named applicant. | ted as established by |  |
|  |  |   |                       |  |
| Agency Head (print name)                       |  | (signature and date)  | (signature and date)  |  |