



# PART-TIME ELIGIBILITY AND INTENT TO BEGIN PART-TIME TRAINING

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN13 (03/18)

Name (Last, First, Middle)			Social Security Number
Home Address	City	State	ZIP Code
Department Name	Administrator Name		

### Driver's License Information

Driver's License Number	State
Driver's License Abstract(s) Obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any Criminal Traffic Arrests, Convictions or Implied Consent Violations Regardless as to Final Disposition (Include Dates and Jurisdictions)


### Criminal History Records Checks

Fingerprint Criminal History Has Been Conducted (FBI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List any Criminal Arrests and Convictions Regardless as to Final Disposition (Include Dates and Jurisdictions)


### Psychological and Medical Examinations

Name of Psychological Provider	Date of Exam	Results		
		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
Doctor/Medical Facility				Date of Exam

**Attach information concerning the disposition of arrests and convictions listed on this form.**

**Attach criminal history records check letter from BCI.**

**This form should be sent along with forms PFN11 and PFN12 to : POST Board  
PO Box 1054  
Bismarck ND 58502-1054**

Agency Administrator Signature	Date
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