



**NEW EMPLOYMENT OF OFFICER (PFN2)**  
 NORTH DAKOTA PEACE OFFICER STANDARDS AND TRAINING BOARD  
 SFN 62302 (08/24)

License or Social Security Number	Name (Last, First, Middle)		Race	Sex	Date of Birth
Department Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Classification (Police Officer, Deputy, etc)	Rank/Position	Date of Employment	

**LICENSE CATEGORIES**

<input type="checkbox"/> Peace Officer License
<input type="checkbox"/> Limited License
<input type="checkbox"/> Reserve Officer License

**MINIMUM LICENSE REQUIREMENTS**

Background check completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychological evaluation completed (If you are not a current ND Licensed Officer) Date of evaluation (Month/Day/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical examination completed Date of examination (Month/Day/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sidearm qualification completion date (Month/Day/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of Force Test Passed (Month/Day/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valid driver's license	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**LAW ENFORCEMENT EMPLOYMENT HISTORY** (Not to include present employment. If more space is needed, attach additional sheet in same format)

Department Name	Classification (Police Officer/Deputy)	Rank/Position	From (Month/Year)	To (Month/Year)

Prior Law Enforcement Training (Other than ND POST Certified)	Location	Beginning Date	Hours

Agency Administrator Signature (typed name is the legal equivalent of a handwritten signature)	Date
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Your social security number is requested by the North Dakota Peace Officer Standards and Training Board to complete the licensing application process under NDCC § 12-63-06. Disclosure of your social security number is voluntary. However, not providing this information may result in a delay in processing your license application and correct individual identification.