



PART-TIME ELIGIBILITY AND INTENT TO BEGIN PART-TIME TRAINING (PFN13)

NORTH DAKOTA PEACE OFFICER STANDARDS AND TRAINING (POST) BOARD

SFN 62314 (05/23)

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

DRIVERS LICENSE INFORMATION

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

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

This form should be sent along with forms PFN11 and PFN12.

Attach the following:

- Any information concerning the disposition of arrests and convictions listed on this form
- Criminal History Records Check letter from BCI

Mail to:

POST Board
PO Box 1054
Bismarck ND 58502-1054

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.