

PEACE OFFICER STANDARDS AND TRAINING BOARD  
**LICENSE ELIGIBILITY REPORT**  
PFN 3

Instructions

The License Eligibility Report form is used when an agency is hiring a new officer who will be applying for a peace officer license for the first time. This form should be completed and sent along with form PFN 2 (New Employment of Peace Officer).

This form is not required when the agency is hiring an officer who already has a valid peace officer license.

Specific instructions for completing the form are as follows:

**Name**

The name of the newly hired officer should be printed in this area. It is preferred that the name be printed last name first, first name, then the middle initial.

**Social Security No.**

The Social Security Number of the newly hired officer should be placed in this area.

**Driver's License Information**

The new officer's driver's license number and the state of issue should be placed in the appropriate boxes. A checkmark should be placed in the "Yes" box after receiving the driver's license abstract(s).

If any criminal traffic arrests, convictions or implied consent violations are indicated on the abstract(s), each entry should be listed on this form along with the date and jurisdiction. The disposition of any entry on the abstract(s) should be obtained and a copy attached to this form.

**Criminal History Record Checks**

As a part of the background investigation, State law requires that the background check includes a fingerprint check done both on the state level and through the FBI. The blue colored applicant fingerprint cards should be submitted to the records section of the Bureau of Criminal Investigation along with a request to conduct the record checks.

Once the results of the North Dakota fingerprint record check are received, a checkmark should be placed in the "Yes" box next to "North Dakota. Once the results from the national record check are received from the Bureau of Criminal Investigation, place a checkmark in the "Yes" box next to "Federal Bureau of Investigation."

If any criminal arrests or convictions are indicated on the record checks, each entry should be listed on this form along with the date and jurisdiction. The disposition of any entry on the record checks should be obtained and a copy attached to this form.

## **Psychological and Medical Examinations**

Print the name of the POST Board approved provider (doctor or clinic) who conducted the psychological evaluation and the date that the evaluation was completed. Place a checkmark in the appropriate box for the results of the evaluation (acceptable, marginal or unacceptable).

Place the date that the medical examination was completed and the name of the doctor or medical facility that performed the examination.

Note: The agency administrator should retain all reports and documents pertaining to the psychological evaluation and medical examination. Do not send copies to the POST Board. This form is the only record that should be sent to the Board.

A copy of this form should be retained by the agency. The original and other necessary papers should be sent along with form PFN 2 (New Employment of Peace Officer) to:

POST Board  
PO Box 1054  
Bismarck ND 58502-1054

## **FOR NEW OFFICERS WHO WILL NEED TO ATTEND BASIC TRAINING**

The administrator must contact the Law Enforcement Training Academy to enroll the officer to attend the next available basic training session.

The academy may be contacted by calling 328-9967.



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Name (last, First, Mi)	Social Security No.
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**Driver's License Information**

Driver's License No.	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 (Include Dates and Jurisdictions)**


**Criminal History Record Checks**

Fingerprint Criminal History	North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Bureau of Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No
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**List any Criminal Arrests and Convictions (Include Dates and Jurisdictions)**


**Psychological and Medical Examinations**

Psychological Provider	Date	Results <input type="checkbox"/> Acceptable <input type="checkbox"/> Marginal <input type="checkbox"/> Unacceptable
Medical Exam Completed (Date)	Doctor/Medical Facility	

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

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