NORTH DAKOTA OFFENDER REGISTRATION CHANGE OF REGISTRATION INFORMATION/ANNUAL VERIFICATION

ND OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 18094 (4-2011)

Distribution
Original - Attorney General
Copy - Current Registered Agency and Offender

Offender's Name (Last, First, Middle)		Date of Birth	Social Security Number
Agency of Current Registration		State Identification Number	FBI Identification Number
Driver's License Number and State	Expiration Date	Height	Weight
Changes in Scars, Marks, or Tattoos		Nicknames or Aliases	

CHANGE OF NAME ☐ Yes ☐ No

Previous Name (Last, First, Middle)	Changed to (Last, First, Middle)

CHANGE OF RESIDENCE ☐ Yes - Complete both columns ☐ No - Complete current registration column

Current Registered Address			I Intend To Move To		
Facility or "Care of" Name (if applicable)			Facility or "Care of" Name (if applicable)		
Street Address (include apartment or unit number)			Street Address (include apartment or unit number)		
City	State	Zip Code	City	State	Zip Code
County			County		
Home Telephone Number	Cell Phone Number		Home Telephone Number	Cell Phone Number	
Departure/Move Out Date (if applicable)			Occupancy Date/Move In Date (if applicable)		
			New Mailing Address (provide ONLY if different from new residential address)		
			Special Directions to New Physical Address, if necessary		

CHANGE OF EMPLOYMENT ☐ Yes - Complete both columns ☐ No - Complete current registration column

Current Registered Employment			I Intend To Be Employed At:		
Company Name			Company Name		
Street Address (physical location of work)			Street Address (physical location of work)		
City	State	Zip Code	City	State	Zip Code
Contact Name			Contact Name		
Telephone Number	Termination Date (if possible)		Telephone Number	Start Employment Date	
Company Name			Company Name		
Street Address (physical location of work)			Street Address (physical location of work)		
City	State	Zip Code	City	State	Zip Code
Contact Name			Contact Name		
Telephone Number	Termination Date (if possible)		Telephone Number	Start Employment Date	

Offender's Name (Last, First, Middle)	Date of Birth

CHANGE OF SCHOOL ENROLLMENT

☐ Yes - Complete both columns ☐ No - Complete current registration column ☐ None

Current Registered Enrollment			I Intend To Be Enrolled At		
School Name			School Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Type of Enrollment ☐ Full Time ☐ Part Time ☐ Online with periodic visits to school			Type of Enrollment ☐ Full Time ☐ Part Time ☐ Online with periodic visits to school		
Telephone Number	End Class Date (if applicable)		Telephone Number	Start Class Date	

CHANGES IN AUTOMOBILE, WATERCRAFT, OR PLANES INFORMATION

☐ Yes ☐ No

	Make/Model	Year	Color	State	License Plate Number	Owner
☐ Add ☐ Remove						
Vehicle's Permanent/Frequent Location						
☐ Add ☐ Remove	Make/Model	Year	Color	State	License Plate Number	Owner
Vehicle's Permanent/Frequent Location						

CHANGE IN COMPUTER/INTERNET INFORMATION

☐ Yes ☐ No

☐ Add ☐ Remove	Email Address
☐ Add ☐ Remove	Email Address
☐ Add ☐ Remove	Email Address
☐ Add ☐ Remove	Social Page or Chat Room and Screen Name Used
☐ Add ☐ Remove	Social Page or Chat Room and Screen Name Used
☐ Add ☐ Remove	Social Page or Chat Room and Screen Name Used
☐ Add ☐ Remove	Internet Service Provider at Residence
☐ Add ☐ Remove	Internet Service Provider at Residence

CHANGES IN PROFESSIONAL LICENSURE INFORMATION

Individual's Name			
Association Name			Telephone Number
Association's Street Address	City	State	Zip Code
License Number	Expiration Date		

In accordance with North Dakota state law, I understand that if I am a North Dakota resident and this is a change of residence address from one jurisdiction to another, or if I reside in another state but I change North Dakota school enrollment or employment to a different law enforcement jurisdiction than I am currently registered, I **MUST** appear at the new law enforcement jurisdiction and register within **THREE DAYS** of relocation or beginning school or employment there.

Offender's Signature	Date
Originating Agency	Originating Agency's Representative

Please provide a copy of your Driver's License and professional Licensure