

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



**CRIMINAL JUSTICE STANDARDS DIVISION
POST OFFICE DRAWER 149, RALEIGH, NC 27602
TELEPHONE: (919) 661-5980**

FORM SMI 3B (Rev. 9.19.16)

****RETEST****

**TIME-DISTANCE MOTOR SKILL PERFORMANCE RETEST
THIS FORM SHALL BE USED FOR ALL TIME-DISTANCE RETESTS**

The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Trainee Full Name _____

Law Enforcement Agency _____

Date of Birth _____ Social Security Number _____

Email Address _____

Date of Original Test _____

Description of Time-Distance Instrument

Manufacturer: _____ Model: _____

INSTRUCTOR INITIALS AS TRAINEE PERFORMS CORRECTLY ON EACH STEP

Start Time*

A. The trainee shall identify to the instructor each component or module of the Time-Distance Instrument named above. _____

B. The trainee shall identify and explain to the instructor all controls, indicators and adjustments and the individual purpose and functions of each for the Time-Distance Instrument named above (without power). _____

C. The trainee shall perform instrument accuracy test [(Instructor initials)enters readout on 2 & 4].

1. Calibration number input _____ 3. Time input _____/ _____

2. Distance readout after calibration # calibration (within 1/4 of 1%) _____ 4 MPH readout (within 1%) _____/ _____

* Deviation _____

D. Road test of 25 clocks with no error in excess of \pm (plus-minus) 2 mph on any specific clocking. Trainee disregarded clocks _____ (maximum of five allowed during retest).

Total Sign-off and Calibration Time _____

(CONTINUED ON BACK)

