CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



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

FORM F-10B (SMI) (Revised 6/11)

POST-DELIVERY REPORT OF SPEED MEASURING INSTRUMENT COURSE PRESENTATION

INS'	TRUCTIONS:	
(1)	This form is to be completed and executed by the certi	fied School Director.
(2)	Please TYPE or PRINT CLEARLY.	
(3)	Complete all sections of this form [12 NCAC 9B .0202	2(d)(1)].
(4)	THIS FORM MUST BE SUBMITTED NO LATER AFTER THE CONCLUSION OF COURSE DELI	
(5)	If necessary, attach additional pages and identify by ite	em number.
(6)	Enclose copy of Report of Examination Scores (SMI 5	5), sheet from the examiner.
(7)	Post Report Package should include: Report of exam s (SMI 1 - 4), request for re-exam (SMI 6), if needed, pr	
[. S]	PONSOR:	Date:
A	. Name of Accredited Institution/Agency	
В	. Mailing Address	Zip Code
C	C. Certified School Director	
	THE DELIVERED COURSE: (Please use a separ courses ran concu	rate Post-Delivery Report for each course, even if the arrently)
	Radar Operator [9B .0212] Radar/Time Distance Operator [9B .0213] Time Distance Operator [9B .0214] Lidar Operator Training [9B .0238] Radar/Lidar Operator Training [9B .0242] Radar/Time-Distance/Lidar Operator [9B .0242] Supplemental Training [9B .0215]	Radar Operator Recertification [9B .0220] Radar/Time Distance Operator Recertification [9B .0221] Time Distance Operator Recertification [9B .0222] Lidar Operator Recertification [9B .0240] Radar/Lidar Operator Recertification [9B .0243] Radar/Time-Distance/Lidar Recertification [9B .0245]
В	. Number of Hours of Instruction	
C	Location of Course Delivery (Specific room name of	or number, must be an Approved classroom)[12NCAC 9B.0201]
D	Delivery Commencement Date	Termination Date

Topical Area	Instructor Name	Last 4 Digits SSN	Date/Day	Beginning Time AM/PM	Ending Time AM/PM	Hours		
Course Orientation								
Introduction to Training (Radar, T/D, Lidar, Supplemental)								
Speed Offenses and Enforcement								
Basic Principles of Speed Measurement (Radar, T/D, Lidar)								
Legal and Operational Considerations								
Familiarization, Operation of Instruments and Field Practice								
Courtroom Preparation								
Course Review								
Comprehensive Exam								
Motor Skills Testing								
IV. TRAINEE ROSTERS (SEE ATTACHMENT) Total Course Hours								

- A. Basic and Re-Certification Courses
- B. For use with supplemental courses, supplemental additions to other courses, and/or written re-test.

V. CERTIFICATE:

In my official capacity as designated School Director and as a duly authorized representative for my institutional/agency executive officer, I submit this report affirming that to the best of my knowledge and belief, there are no willful misrepresentations, omissions or falsifications in the foregoing statements and information, and that this training course was presented/delivered in accordance with the minimum requirements of Sections .0200 and .0300 of Subchapter 9B, Title 12, North Carolina Administrative Code. Based upon the record of accomplishments of trainees during course delivery I am of the opinion that those designated as having "successfully completed" this training course possess the minimum degree of knowledge skills and abilities to function as a speed measuring instrument operator for the specific equipment as enumerated in this report.

•	
Date Signed	Signature of School Director

A.	B.	C.	D,	I	Ξ.	F.	G		Н	I.
Full Name of Trainee (Last, First, Middle) Alphabetical Order	Last 4 Digits SSN	Date of Birth	Employing Agency		idance 0%	Hours Attended	Skills Testing Results (P/F)		Skills Retest	Comm. Exam Results
Aiphabetteai Ordei				YES	NO		PASS	FAIL (M/S) *	(P/F)	(P/F)
1.										
2.										
3.										
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20.										

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.

IV A	TRAINEE	ROSTER	AND POST	REPORT

*If fail must list Moving or Stationary

A.	В.	C.	D.	I	Ε.	F.	G. Skills Testing Results (P/F)		н.	I.
Full Name of Trainee (Last, First, Middle) Alphabetical Order	Last 4 Digits SSN	Date of Birth	Employing Agency		dance)%	Hours Attended			Skills Retest	Comm. Exam Results
Anphabetical Order				YES	NO		PASS	FAIL (M/S) *	(P/F)	(P/F)
21.										
22.										
23.										
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IV B. SUPPLEMENTAL TRAINING

*If fail must list Moving or Stationary

Α.	В.	C.	D.] I	Ε.	F.	G.	•	Н.	I.		
Full Name of Trainee (Last, First, Middle) Alphabetical Order	Last 4 Digits SSN	Date of Birth	Employing Agency	Attendance 100%				Hours Attended	Skills Testin (P/I	F)	Skills Retest	Comm. Exam Results
Aiphabeteai Ordei				YES	NO		PASS	FAIL (M/S) *	(P/F)	(P/F)		
1.										_		
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

IV. C WRITTEN RE-TEST

Α.	В.	C.	D.	Е.
Full Name of Trainee (Last, First, Middle) Alphabetical Order	Last 4 Digits SSN	Date of Birth	Employing Agency	Comm. Exam Results (P/F)
1.				
2.				
3.				
4.				
5.				