



**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

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

FORM SMI-3A (Rev. 4.10.14)

**TIME-DISTANCE MOTOR SKILL PERFORMANCE TEST (SIGN -OFF ONLY)**

Trainee Full Name \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Email Address \_\_\_\_\_

Description of Time-Distance Instrument

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**INSTRUCTOR INITIALS AS TRAINEE PERFORMS CORRECTLY ON EACH STEP**

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%) \_\_\_\_\_/ \_\_\_\_\_

I hereby certify that the above-named trainee  has  has not demonstrated one hundred (100) percent competence in each motor-skill or performance as noted on this form.

Date: \_\_\_\_\_

Instructor Name (Print) \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Certification Number \_\_\_\_\_

Instructor Name (Print) \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Certification Number \_\_\_\_\_