

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 3/15)**

POST-DELIVERY REPORT OF SPEED MEASURING INSTRUMENT COURSE PRESENTATION

INSTRUCTIONS:

- (1) This form is to be completed and executed by the certified School Director.
 - (2) Please **TYPE or PRINT CLEARLY.**
 - (3) Complete all sections of this form [12 NCAC 9B .0202(d)(1)].
 - (4) **THIS FORM MUST BE SUBMITTED NO LATER THAN TEN (10) DAYS AFTER THE CONCLUSION OF COURSE DELIVERY [12 NCAC 9B .0202(d)(4)].**
 - (5) If necessary, attach additional pages and identify by item number.
 - (6) Enclose copy of Report of Examination Scores (SMI 5), sheet from the examiner.
 - (7) Post Report Package should include: Report of exam scores (SMI 5), appropriate Motor Skill Forms (SMI 1 - 4), request for re-exam (SMI 6), if needed, prior training form (SMI 14).
-

I. SPONSOR:

Date: _____

A. Name of Accredited Institution/Agency _____

B. Mailing Address _____ Zip Code _____

C. Certified School Director _____

II. THE DELIVERED COURSE: (Please use a separate Post-Delivery Report for each course, even if the courses ran concurrently)

A. Title of Course

- | | |
|--|--|
| <input type="checkbox"/> Radar Operator [9B .0212] | <input type="checkbox"/> Radar Operator Recertification [9B .0220] |
| <input type="checkbox"/> Radar/Time Distance Operator [9B .0213] | <input type="checkbox"/> Radar/Time Distance Operator Recertification [9B .0221] |
| <input type="checkbox"/> Time Distance Operator [9B .0214] | <input type="checkbox"/> Time Distance Operator Recertification [9B .0222] |
| <input type="checkbox"/> Lidar Operator Training [9B .0238] | <input type="checkbox"/> Lidar Operator Recertification [9B .0240] |
| <input type="checkbox"/> Radar/Lidar Operator Training [9B .0242] | <input type="checkbox"/> Radar/Lidar Operator Recertification [9B .0243] |
| <input type="checkbox"/> Radar/Time-Distance/Lidar Operator [9B .0244] | <input type="checkbox"/> Radar/Time-Distance/Lidar Recertification [9B .0245] |
| <input type="checkbox"/> Supplemental Training [9B .0215] | |

B. Number of Hours of Instruction _____

C. Location of Course Delivery _____
(Specific room name or number, must be an Approved classroom)[12NCAC 9B.0201]

D. Delivery Commencement Date _____ Termination Date _____

III. ACTUAL SCHEDULE AND INSTRUCTORS USED IN COURSE DELIVERY

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						
Motor Skills Testing						
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

IV A. TRAINEE ROSTER AND POST REPORT

***If fail must list Moving or Stationary**

A.	B.	C.	D.	E.		F.	G.		H	I.
Full Name of Trainee (Last, First, Middle) Alphabetical Order	Last 4 Digits SSN	Date of Birth	Employing Agency	Attendance 100%		Hours Attended	Skills Testing Results (P/F)		Skills Retest	Comm. Exam Results (P/F/No Test)
				YES	NO		PASS	FAIL (M/S) *	(P/F)	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
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.	B.	C.	D.	E.		F.	G.		H.	I.
Full Name of Trainee (Last, First, Middle) Alphabetical Order	Last 4 Digits SSN	Date of Birth	Employing Agency	Attendance 100%		Hours Attended	Skills Testing Results (P/F)		Skills Retest	Comm. Exam Results (P/F/No Test)
				YES	NO		PASS	FAIL (M/S) *	(P/F)	
21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										

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 B. SUPPLEMENTAL TRAINING

***If fail must list Moving or Stationary**

A.	B.	C.	D.	E.		F.	G.		H.	I.
Full Name of Trainee (Last, First, Middle) Alphabetical Order	Last 4 Digits SSN	Date of Birth	Employing Agency	Attendance 100%		Hours Attended	Skills Testing Results (P/F)		Skills Retest (P/F)	Comm. Exam Results (P/F/No Test)
				YES	NO		PASS	FAIL (M/S) *		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										