

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



**CRIMINAL JUSTICE STANDARDS DIVISION
POST OFFICE DRAWER 149, RALEIGH, NC 27602
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**FORM SMI-9
(Rev. 06-2011)**

**RECORD OF RADAR INSTRUMENT CALIBRATION AND ACCURACY TESTS
[Statutory Authority G.S. 17C-6(a)(13), G.S. 8-50.2(c) & 12NCAC 9C.0607]**

Agency/Organization _____

I. COUNTER BOX ACCURACY AND STANDARDS TEST RESULTS:

Manufacturer _____ Model _____
 Counter Box Ser. No: _____ Features: Stationary Only Mov/Stationary
 Moving Opposite Direction Moving Same Direction
 Single Antenna Dual Antenna
 Fastest Target Other
 Performed Operator Test PASS FAIL N/A
 Verified Non-retention of last clocked or locked speed
 Verified Audio Tone (Doppler or recreated Doppler)
 Verified RFI Detection (Indicator light, MPH Blanking)
 Verified readings on remote control (ECM etc)

II. ANTENNA(S) ACCURACY AND STANDARDS TEST RESULTS:

Frequency Standards in GHZ: K-Band 24.075 - 24.225, X-Band 10.5 - 10.55, KA-Band 33.4 - 36.0
 Frequency must be within plus/minus .2% of assigned center carrier frequency and within assigned band.
 Antenna Ser. No. _____ Rear Antenna Ser. No. _____ .N/A
 Band/Transmission Frequency measured _____ GHZ Band/Transmission Frequency measured _____ GHZ
 Pass Fail Pass Fail

III. TUNING FORK(S) CERTIFICATE OF ACCURACY AND STANDARDS TEST RESULTS:

If not provided with unit, unit cannot be certified.
 Standards and Requirements:
 Serial Number _____ Serial Number _____
 MPH stamped _____ MPH stamped _____
 Meets Standards: _____ Meets Standards: _____
 Plus/minus .75 mph of stamped speed Pass Fail Plus/minus .75 mph of stamped speed Pass Fail

IV. TESTING TECHNICIAN:

Full Name _____
 License or Certification Issued by _____ Number _____
 License Expiration Date _____ Class _____
 Business Name _____
 Business Address _____ Zip Code _____

V. CERTIFICATE:

I, the undersigned, possessing at least a valid general radiotelephone license from the Federal Communications Commission or a Certified Electronics Technician certificate issued by a Federal Communications Commission Commercial Operators License Examination Manager do attest and acknowledge that I, did this day personally subject the above equipment to technical examination and operational testing with the resulting determination that it is operationally sound, accurate, and meets the established standards as established by law.

This the _____ day of _____, _____ (Year), _____ Signature of Testing Technician

NOTE: THIS DOCUMENT SHALL BE VALID FOR A PERIOD OF TWELVE (12) CALENDAR MONTHS FROM THE DAY OF ITS EXECUTION [G.S. 8-50.2(c) AND 12 NCAC 9C .0607]. This form is developed and distributed under 12 NCAC 9C .0607 by the North Carolina Criminal Justice Education and Training Standards Commission for uniform utilization in accord with G.S. 8-50.2. **The Commission does not serve as a repository nor maintain files for annual equipment testing and calibration certificates.**