

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



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

FORM SMI-13
(Rev. 12-2023)

LIDAR MOTOR SKILL PERFORMANCE TEST

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 materials and may result in inaccurate records being assigned to you.

CHECK IF SUPPLEMENTAL
☐ **CHECK IF RE-TEST** ☐ **CHECK IF RADAR OPERATOR CLASS COMPLETED AND WORKING ON FIELD PRACTICE HOURS**

Trainee Full Name _____

Law Enforcement Agency _____

Email Address _____

Date of Birth _____ Acadis ID Number _____ Phone _____

Description of LIDAR _____ Instructor Verification (Initials): _____

Manufacturer: _____

Model: _____ Mode: STATIONARY

INSTRUCTOR INITIALS AS TRAINEE PERFORMS CORRECTLY ON EACH STEP

A. The trainee shall identify to the instructor each component and attachments thereof for this LIDAR unit. _____

B. The trainee shall identify and explain to the instructor all controls, indicators and adjustments and the individual purpose and functions of each for this LIDAR. _____

C. Internal Accuracy Test _____

1. Power Switch Off
2. Plug in Power Cord
3. Power Switch On
4. Perform Light Test
5. Verify Internal Circuitry Test

D. External Accuracy Test _____

1. Range and Audio Tone Adjustments _____
2. Sight Alignment Test _____
3. Range Accuracy Test _____

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 _____

Acadis ID Number _____

Instructor Name (Print) _____ Instructor Signature _____

Acadis ID Number _____