

# CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



CRIMINAL JUSTICE STANDARDS DIVISION  
POST OFFICE DRAWER 149, RALEIGH, NC 27602

TELEPHONE: (919) 661-5980  
SMI@ncdoj.gov

FORM SMI-13  
(Rev. 10-2025)

## LIDAR MOTOR SKILL PERFORMANCE TEST

RETEST (must include F-23 Exam Admission form)

SUPPLEMENTAL (by checking this box, I certify that all training requirements pursuant to 12 NCAC 09B .0215 have been met)

WORKING ON RADAR FIELD PRACTICE HOURS (radar class is completed, but not yet certified)

Trainee Full Name \_\_\_\_\_  
(last, first middle)

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

Date of Birth \_\_\_\_\_ Acadis ID # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Description of LIDAR      Instructor Verification (Initials): \_\_\_\_\_      Mode: STATIONARY

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

### **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	<b>Internal Accuracy Test</b> 1. Power Switch Off 2. Plug in Power Cord 3. Power Switch On 4. Perform Light Test 5. Verify Internal Circuitry Test	
D	<b>External Accuracy Test</b> 1. Range and Audio Tone Adjustments 2. Slight 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.

\_\_\_\_\_  
Instructor Name      Acadis #      Instructor Signature      Date

\_\_\_\_\_  
Instructor Name      Acadis #      Instructor Signature      Date