

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

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

FORM F-10A (SMI)
(Rev. 9.11.13)



PRE-DELIVERY REPORT OF SPEED MEASURING INSTRUMENT COURSE PRESENTATION

INSTRUCTIONS:

- (1) This form is to be executed by the certified School Director.
(2) Please TYPE or PRINT CLEARLY. Complete all sections [12NCAC9B.020(d)(1)]
(3) THIS FORM MUST BE SUBMITTED NO LATER THAN THIRTY (30) DAYS PRIOR TO COMMENCEMENT OF COURSE DELIVERY [12 NCAC 9B .0202(d)(2)].
(4) If necessary, attach additional pages and identify by item number.
(5) Course may not be delivered until Approved by SMI Program Administrator.
(6) Cancellation must be accompanied by written memo or e-mail to the SMI Program Administrator.

I. SCHOOL DIRECTOR: \_\_\_\_\_ E-MAIL \_\_\_\_\_

A. Name of Accredited Institution/Agency \_\_\_\_\_

B. TRAINEE ENROLLMENT ELIGIBILITY:

- 1. Refer to the Radar Operator Course [12 NCAC 9B.0212]
2. Refer to the Time-Distance Operator Course [12 NCAC 9B .0214]
3. Refer to the Lidar Operator Course [12 NCAC 9B.0238]
4. Refer to the Recertification Course [12 NCAC 9B .0220(b)&(c)]

II. THE PROPOSED COURSE: (Use a separate Pre-Delivery Report for each course)

- A. [ ] Radar Operator [9B .0212] [ ] Radar Operator Recertification [9B .0220]
[ ] Radar/Time Distance Operator [9B .0213] [ ] Radar/Time Distance Operator Recertification [9B .0221]
[ ] Time Distance Operator [9B .0214] [ ] Time Distance Operator Recertification [9B .0222]
[ ] Lidar Operator Training [9B .0238] [ ] Lidar Operator Recertification [9B .0240]
[ ] Radar/Lidar Operator Training [9B .0242] [ ] Radar/Lidar Operator Recertification [9B .0243]
[ ] Radar/Time-Distance/Lidar Operator [9B .0244] [ ] Radar/Time-Distance/Lidar Recertification [9B .0245]
[ ] Supplemental Training [9B .0215]

B. Number of Hours of Instruction \_\_\_\_\_ Course ID Number \_\_\_\_\_
(State Use Only)

C. Location of Course Delivery \_\_\_\_\_
(Specific classroom name or number, must be an Approved classroom) [12NCAC9B.0201]

D. Commencement Date \_\_\_\_\_ Termination Date \_\_\_\_\_
Date/Time/Location of State Exam \_\_\_\_\_

E. Anticipated Class Size \_\_\_\_\_

III. NOTICE OF INTENT AND CERTIFICATION

As certified School Director and duly authorized representative of the executive officer, I request authorization to deliver the following commission approved course as specified below, and certify that said course will be conducted in accordance with 12 NCAC 9B.0200 and .0300.

Signature of Certified School Director

Date