JEFF JACKSON
ATTORNEY GENERAL

NORTH CAROLINA JUSTICE ACADEMY

STATE OF NORTH CAROLINA
DEPARTMENT OF JUSTICE

TREVOR ALLEN
DIRECTOR

WRITTEN ENDORSEMENT FORM TO ATTEND SPECIALIZED INSTRUCTOR/SMI TRAINING

WRITTEN ENDORSEMENTS ARE VALID FOR ONE (1) CALENDAR YEAR

ONE (1) FORM SHOULD BE PROVIDED FOR EACH COURSE REQUEST

Applicant Information (*print or type*)

Applicable Year for Training Request (*list one calendar year only, ie: 2025*): _____

Last Name: First Name: Middle Initial:

Acadis ID #: DOB: Email:

Agency Name: Student Cell Phone Number (Direct Contact):

Training Coordinator: Training Coordinator Direct Phone:

Indicate course of choice (<u>one</u> per application) by checking the corresponding box:

- ☐ Specialized Firearms Instructor Training Qualification & Full Course
- ☐ Specialized Subject Control & Arrest Techniques Instructor Training Qualification & Full Course
- ☐ Specialized Physical Fitness Instructor Training Qualification & Full Course
- ☐ Specialized Driver Instructor Training Qualification & Full Course
- ☐ Specialized Hazardous Materials Instructor Training Course

Speed Measuring Instrument (SMI) Training Courses (<u>multiple courses</u> may be selected) by by checking the corresponding box(es):

- ☐ RADAR Instructor Training
- ☐ LIDAR Instructor Training
- ☐ Time/Distance Instructor Training
- ☐ SMI Supplemental (Unit) Training
- ☐ RADAR Instructor Recertification
- ☐ LIDAR Instructor Recertification
- ☐ Time/Distance Instructor Recertification

<u>MUST BE COMPLETED BY THE AGENCY HEAD/CERTIFIEDSCHOOL DIRECTOR/IN-SERVICE TRAINING COORDINATOR</u>

I have reviewed the information above and find it contains accurate data concerning this applicant. I have determined that the applicant may be recommended to attend the indicated course above and that this individual may be used in a training assignment specific to this topic in Basic Law Enforcement Training (BLET), In-Service Training, or a Speed Measuring Instrument (SMI) course upon successful completion of the training and proper request for specialized instructor certification through the North Carolina Criminal Justice Standards Division.

Signature: Date:

Print Name: Title:

Agency: Email: