Georgia Peace Officer Standards & Training Council

Application for Certification

Speed Detection Device Operator

Devices

Check one:

☐ Radar ☐ VASCAR ☐ Stopwatch/EDST ☐ Laser

All applications must include the $30 Application Fee.

Officer Data - Section I

Last Name	
First Name	
Middle Name	
Suffix Name (Jr., Sr., II, III, etc.)	Date of Birth
Education Level (# of Years)	Social Security #
Rank of Applicant	
Applicant E-mail Address	

Employing Agency Data - Section II

Name Employing Agency		Name of Agency Contact
Street		Apt #
City		State
Zip Code	E-mail Address of Contact	PHONE# *(AREA CODE) – NUMBER*

Is the applicant assigned to a full time traffic unit? ☐ Yes ☒ No

If yes, give # of years:

Training Data - Section III

Title of the Speed Detection Device Training Course	Length of the Course (Hrs)
Date Course was completed:	
Name of Academy/School	
Location of Academy/School (city & state)	
Name of the device trained on:	

Course Completion Verification - Section IV

☐ Enclosed is a copy of the applicant's POST Certified Academy issued Speed Detection Device Training course completion certificate.

OR

<u>Academy/School Director Certification</u>

My signature indicates that this applicant has completed the academy training in speed detection device operation required for certification.

_____ _____

Academy/School Director or Authorized Designee Signature Date

Rev 8/2009

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☐ **Operator Log Sheets** are attached to this application.

Employing Agency Certification

My signature indicates that this applicant has completed the required probationary period of field practice for certification.

_____ _____

Agency Head or Authorized Designee Signature Date

Certified Speed Detection Device Operator or Instructor Verification Section V

My signature below certifies that I have observed the applicant operate a speed detection device of the type checked on the preceding page, and he/she has demonstrated a satisfactory level of proficiency.

Certified Speed Detection Device Operator:

Name (print):

SDDO Cert #:

Social Security #:

_____ _____

Signature Date

Or

Qualified Speed Detection Device Certified Instructor:

Name (print):

Academy Name:

Social Security #:

_____ _____

Signature Date

VASCAR Speed Detection Device Certified Instructor:

Name (print):

Certified by:

Social Security #:

_____ _____

Signature Date

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Speed Detection Device Field Assessment - Section VI	
Date of Field Assessment:	
Applicant's Name	
Name of Employing Agency/Present Agency:	
Speed Detection Device Used: ☐ Moving ☐ Stationary	
Manufacturer:	
Model:	
Examiner's Name (print)	Examiner's Social Security #

Assessment Checklist & Remarks

1.) Setup Procedure:

☐ *Student followed correct procedure in assembling and mounting speed detection device where necessary for operation.*

Remarks:

2.) Verification Procedures:

☐ *Student followed correct procedure for verification of calibration.*

Remarks:

3.) Component & features:

☐ *Student correctly identified each component of the unit and its functions, explained the purpose and function of all features on the unit.*

Remarks:

4.) Tracking History:

☐ *Student demonstrated an understanding of the elements of traffic speed detection device tracking history.*

Remarks:

5.) Target Identification:

☐ *Student accurately identified the target being displayed by the detection device; showed prudence in multiple target situations; displayed an understanding of the relationships between target position, composition, size, shape, and speed when determining target identification.*

Remarks:

6.) Operational Characteristics:

☐ *Student demonstrated an understanding of operational characteristics of traffic speed detection devices, i.e. Cosine effect, Batching effect, Shadowing effect, Scanning effect, Panning effect, Power surge effect, Nichols effect, etc.*

Remarks:

7.) *Overall attitude of the student toward the assessment and use of traffic speed detection devices.*

Remarks:

Examiner Certification

My signature indicates that this applicant has been examined in the above speed detection device operation categories as required for certification.

_____ _____

Examiner Signature Date