

TASER[®] Non-Lethal Device User Certification Application PRINT LEGIBLY AND CLEARLY PLEASE!

Which device were you certified in (check one or both):
M26
X26

Rank:	Name:		
Agency:			
Phone:	Fax:		
Email:			
Address/State/Zip:			
	out of 39 for X26 only test (80% of 45 for M26/X26 user test (80% minimu	minimum = 32), or out of 33 for M26 only test um = 36)	
Instructor to initial that studer	nt has successfully completed the following	ng practical application tests:	
Demonstration of p	roper finger positions for aiming and firin	g.	
Reload TASER dev	ice 5 times in 15 seconds (watch finger pe	osition, disqualify for fingers in front of blast do	oors).
Officer can control	unit adequately when commanded "Arm -	- Spark - Safe" at random.	
Officer can remove	and reinstall battery correctly.		
Draw TASER device laser sight (time lim		in the field) hit target at 8 feet, reload, hit 2 nd ta	rget at 12 feet with
with a score of 80% or better,		eted a minimum of six hours of training, has pas as demonstrated proficiency in the function and er of this system.	
Attested by Certifying Inst			
	(Print Name)	(Signature)	

Date: _____

Maintain a file copy of this certification in department records.