

Identification of Driver

Name: _____

DOB: _____ DD-MM-YYYY

Picture Identification provided: _____ Y/N Details: _____ Description and Number

Picture corresponded to driver: _____ Y/N

Other Identification: _____ Provide Details

Laser Equipment Tests

Laser Type: _____

Serial Number: _____

Pre-Testing:

TEST	DATE (DD-MM-YYYY)	TIME (24-Hour Clock)
Zero-Velocity Fixed Distance Test		
Self Test		
Display Test		
Scope Alignment Test		

Post-Testing:

TEST	DATE (DD-MM-YYYY)	TIME (24-Hour Clock)
Zero-Velocity Fixed Distance Test		
Self Test		
Display Test		
Scope Alignment Test		

Radar Equipment Tests

Radar Type: _____

Serial Number: _____

Pre-Testing:

TEST	DATE (DD-MM-YYYY)	TIME (24-Hour Clock)
Internal Circuit Test		
Light Segment Test		
Audio Doppler Test (confirm working)		

Post-Testing:

TEST	DATE (DD-MM-YYYY)	TIME (24-Hour Clock)
Internal Circuit Test		
Light Segment Test		
Audio Doppler Test (confirm working)		