



[TASER Training Version 20]

TASER® CEW Instructor Applicant Certification Form

Which CEWs were you certified on (Check all that apply): ☐ M26 ☐ X26 ☐ X26P ☐ X2 ☐ X3

Rank: _____ Name: _____

Agency: _____ Email: _____

Phone: _____

Address/State/Zip: _____

New Certification: ☐ Biannual (every 2 years) Recertification: ☐

By signing below, I hereby acknowledge receipt of TASER's Version 20 Product Warnings. I understand that I must read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification course.

Student Signature: **(REQUIRED):** _____

TASER Master Instructor (MI) Use Only

MI is required to verify that applicant has successfully completed all CEW Instructor Certification requirements.

Number of correct answers on each written exam: _____ out of _____ (90% minimum)

☐ Not applicable – Exam completed during the TASER CEW online course

_____ Review entire Version 20 Instructor Certification Course PowerPoint Presentation(s).

_____ Demonstrate safe handling of CEW and cartridges and proper finger positions for safe handling, aiming, and firing.

_____ Safely control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.

_____ Demonstrate the ability to safely load and unload the TASER CEW under stress.

_____ Remove and reinstall battery in TASER CEW correctly.

_____ Deploy a minimum of 4 live cartridges, placing both probes in preferred target zones.

_____ (X2 and X3 only) Utilize the ARC switch to re-energize deployed probes and give a warning arc

I hereby certify that the above named instructor applicant has satisfactorily completed all components of the TASER CEW Instructor Certification, or Bi-Annual Re-Certification, training program and is hereby certified as a TASER Certified Instructor of this CEW system for two years.

Attested by Certifying Master Instructor: _____
(Print Name) (Signature)

Date: _____ Location of Training: _____

***Return Original Form to TASER International – Training Department
In House Instructor Courses – Keep a Copy of this Form for Department Training Records***