



TASER Training Version 20.2

TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

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

Name: _____ Agency: _____
Email: _____ Phone: _____
Address/State/Zip: _____

By signing below, I hereby acknowledge receipt of TASER's 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 Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- _____ Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- _____ Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- _____ Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- _____ Perform a proper warning ARC
- _____ (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

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

Date: _____ Location of Training: _____

***Do not Send this Form to TASER Training
Keep this Form for Department Training Records***

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