# Instructions for Using the PDF with Typewriter Feature

To make the attached .PDF interactive and *save-able*, the "Typewriter" feature has been enabled.

**Before beginning:** If you have not done so, download the most current version of Acrobat Reader before using these forms. This way you can **save** the forms you have completed. This is **free software**. Click on the link below or copy and paste it into your browser to go to the download site:

### http://get.adobe.com/reader/

NOTE: The typewriter feature does not work well with older versions of Acrobat Reader.

# To complete the forms:

- Use your mouse to click on the Typewriter Icon (on the purple tool bar upper right side of screen. If you are using a .pdf online, the typewriter button may be grey and appear at the top of the document.), then click in the field or line on the form that you want enter information and start typing.
- Repeat this action for every entry. You *may* find that you do not have to click the Typewriter Icon for each and every line. Just click on the line and type.
- Once you have completed your typing, navigate to the File/Save As/ and rename the file, thereby creating a copy. Your typed entries will be saved within the new file.

# To make a correction to text you've already typed:

Go to the line you want to change, move your mouse over the text until a solid arrow appears, then click on the text.

- A text box will appear.
- You can then do one of two things:
  - (1) hit delete and retype the whole line **or**
  - (2) double-click on the box and then you can edit the text within the box.

# We are providing the document to you in this format for your convenience. Unfortunately, technical support for the fillable PDF is not available.

#### **Division of Criminal Justice Police Services Northern Regional Office** One Apollo Drive Whippany, NJ 07981 (973) 599-5961 FAX: (973) 599-5979 www.njpdresources.org/radar Attention: Dee Camilo

#### **RADAR TRAINING ROSTER**

CHECK OFF ONLY ONE BOX BELOW:				
INITIAL OPERATOR CERTIFICATION		OPERATOR RECERTIFICATION		
TRAINING LOCATION :		DATE TRAINING COMPLETED:		
INSTRUCTOR CERTIFICATION EXPIRATION DATE:				
INSTRUCTOR AGENCY:		O.R.I. NUMBER: <u>N</u> <u>J</u>		
INSTRUCTOR TELEPHONE NUMBER:				

I certify that the below listed officer(s) have completed all necessary training requirements for the initial or recertification of radar operators, as specified in the Division of Criminal Justice Training Program. The original training roster will be maintained by the submitting police agency in department records for at least three years after certificate(s) expiration. One copy of this roster shall be submitted to the Division of Criminal Justice.

LEAD INSTRUCTOR SIGNATURE:

ACADEMY INSTRUCTOR SIGNATURE FOR CLASSROOM TRAINING (IF APPLICABLE, OR DOCUMENTATION ENCLOSED):

Social Security Number	Name (Last, First, Mi)	Agency Name	Agency ORI (9 Digits)
			<u>NJ</u>

Social Security Number	Name (Last, First, Mi)	Agency Name	Agency ORI (9 Digits)
			<u>NJ</u>
			<u>NJ</u>
			<u>NJ</u>
			<u>N J</u>
			<u>NJ</u>
			<u>N J</u>
			<u>NJ</u>
			<u>N J</u>
			<u>NJ</u>
			<u>N J</u>
			<u>NJ</u>
			<u>N J</u>
			<u>N J</u>
			<u>N J</u>