



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC)

HANDCUFF TRAINING

Information Sheet

(Please Print)

Date _____

✓ ☐ Initial Certification ☐ Recertification

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Province _____ Zip _____

Telephone (_____) _____ E-mail Address _____

Employing Agency _____

Agency Address _____

City _____ State _____ Province _____ Zip _____

Agency Telephone (_____) _____ E-mail Address _____

✓ Duty Status: ☐ Full Duty ☐ Restricted Duty

Has your agency adopted or authorized the use of the ASP Handcuffs? _____

How many officers are in your agency? _____

Height _____ Weight _____ Age _____ Date of Birth _____

Have you been exercising? _____

Do you have any knee, back or health problems? _____

Are you on any medication? _____

Person to be notified in case of emergency:

Name _____

Phone (_____) _____ Alternate (_____) _____

Relationship _____

✓ Briefly describe any health problems: _____

Injury Check: ☐

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Tactical Handcuff certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

Date

Signed

Handcuff Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

1. Officers should search:

- a) After cuffing
- b) Before cuffing
- c) At the same time as cuffing
- d) As soon as you control the subject
- e) As soon as you contact the subject

2. The name of the ASP Handcuff application system is:

- a) Pop & Lock
- b) Pull & Place
- c) Rock & Lock
- d) Stop & Frisk
- e) Pop & Pull

3. ASP Handcuffs are usually held by:

- a) The Reaction Hand with two fingers
- b) The Weapon Hand with full hand grip
- c) The Weapon Hand with two fingers
- d) Both hands
- e) The cheek plates

4. Safety during training is the ultimate responsibility of the:

- a) Student
- b) Course sponsor
- c) Instructor
- d) Training facility
- e) Training director

5. Handcuffs are applied when the subject is:

- a) Under arrest
- b) Stabilized
- c) Seated
- d) Standing
- e) Prone

6. Handcuffs should be applied:

- a) As tight as possible
- b) Loose enough to insert a fingertip
- c) As loose as possible
- d) On the forearm
- e) In front of the body

7. Handcuffs are applied to:

- a) Forearms
- b) Wrists just above the hand
- c) Thumbs
- d) Arms
- e) Front of the wrists

8. Double locking should be applied:

- a) Whenever possible
- b) During booking
- c) Always
- d) Only when going to court
- e) Only on non-resisting subjects

9. When handcuffs are removed:

- a) Give keys to the subject
- b) Stabilize the subject
- c) Stay close to the subject
- d) Remove two at a time
- e) Always put the subject on the ground

10. The colored bar on ASP Handcuffs indicates:

- a) They are ready to use
- b) The double lock is on
- c) The double lock has not been activated
- d) The handcuff is loaded
- e) The safety is on

- Each question is worth ten (10) points.
- The minimum acceptable score is 80% (8 correct).

FINAL SCORE: _____ GRADED BY: _____

ASP WRITTEN EXAM: ACCEPTABLE _____ NOT ACCEPTABLE _____

COUNSELED _____

INSTRUCTOR _____ DATE _____

Handcuff Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

1) Vertical Handcuff Application

- ☐ Command Voice
- ☐ Stabilized the Subject
- ☐ Hands in Back, Palms Out
- ☐ Pyramid Stance
- ☐ Cuffs Made Rigid with a Firm Grip
- ☐ Weapon Side Back Approach
- ☐ Rock & Lock
- ☐ Finger Check for Tightness
- ☐ Double Lock
- ☐ Searched
- ☐ Controlled Escort

- ☐ Command Voice
- ☐ Stabilized the Subject
- ☐ Hands in Back, Palms Out
- ☐ Pyramid Stance
- ☐ Popped Tri-Folds Open
- ☐ Tri-Folds Made Rigid with a Firm Grip
- ☐ Place & Pull
- ☐ Removed Ring
- ☐ Searched
- ☐ Controlled Escort

2) Horizontal Handcuff Application

- ☐ Command Voice
- ☐ Stabilized the Subject on the Ground
- ☐ Hands in Back, Palms Out
- ☐ Pyramid Stance
- ☐ Cuffs Made Rigid with a Firm Grip
- ☐ Weapon Side Back Approach
- ☐ Rock & Lock
- ☐ Finger Check for Tightness
- ☐ Double Lock
- ☐ Searched
- ☐ Rolling Raise
- ☐ Controlled Escort

5) Horizontal Tri-Fold Application

- ☐ Command Voice
- ☐ Stabilized the Subject on the Ground
- ☐ Hands in Back, Palms Out
- ☐ Pyramid Stance
- ☐ Popped Tri-Folds Open
- ☐ Tri-Folds Made Rigid with a Firm Grip
- ☐ Place & Pull
- ☐ Removed Ring
- ☐ Searched
- ☐ Rolling Raise
- ☐ Controlled Escort

3) Handcuff Removal

- ☐ Command Voice
- ☐ Stabilized the Subject
- ☐ Pyramid Stance
- ☐ Single Key Used
- ☐ Weapon Side Back Approach
- ☐ Left Cuff Removed and Stabilized
- ☐ Right Cuff Removed and Stabilized

4) Vertical Tri-Fold Application

- A check mark indicates an acceptable observed action.
- Two of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (5 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE _____ NOT ACCEPTABLE _____

COUNSELED _____

INSTRUCTOR _____ DATE _____

WRITTEN EXAMINATION

TECHNIQUE PROFICIENCY CHECKLIST

COMMENTS:

☐ Certification Approved ☐ Certification Denied INSTRUCTOR _____ AIC _____