

Association of Firearm and Tool Mark Examiners

CERTIFICATION PROFICIENCY TESTING STATUS REPORT



For Calendar Year:

Signing this form certifies that:

1. The proficiency test samples were analyzed, to the greatest extent practicable, in the same manner as casework according to accepted protocols of the certificant's laboratory.
2. The test file (results and supporting documentation) will be maintained for at least five (5) years
3. Copies of supporting documentation will be made available to the AFTE Certification Committee if requested.

Certificant Name

AFTE Membership #

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Name of Employer (indicate if Independent)

Phone # Work Home Cell E-mail

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Name and Title of Immediate Supervisor

Phone #

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Subject Areas In Which You Are Currently Certified:

- Firearm Evidence Examination and Identification** (Date next recertification is due:)
- Toolmark Evidence Examination and Identification** (Date next recertification is due:)
- Gunshot Residue Evidence Examination and Identification** (Date next recertification is due:)

Firearm Identification Proficiency Test Details

Test Provider	Test ID Code	Participant ID Code	Date Submitted	Results
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/> Did Not Complete**

Toolmark Identification Proficiency Test Details

Test Provider	Test ID Code	Participant ID Code	Date Submitted	Results
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/> Did Not Complete**

Gunshot Residue Proficiency Test Details

Test Provider	Test ID Code	Participant ID Code	Date Submitted	Results
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/> Did Not Complete**

*If any test results were unsatisfactory, give approximate date this determination was made:

**If a test was not completed this year, give brief reason why and expected date of completion:

<input type="text"/>

<input type="text"/>

<input type="text"/>

Signature [Typing name here and emailing application constitutes a valid electronic signature]

Date

Submit via Email