Association of Firearm and Tool Mark Examiners APPLICATION FOR CERTIFICATION PROGRAM

Application for Written Examination(s) Practical Examination(s)

I. <u>SUBJECT AREAS</u>:

- □ A. Firearm Evidence Examination and Identification
- **B.** Toolmark Evidence Examination and Identification
- C. Gunshot Residue Evidence Examination and Identification

II. INSTRUCTIONS TO THE APPLICANT:

- A. For information regarding minimum qualifications, application requirements, and fees, please refer to the AFTE Certification Program webpage at http://www.afte.org/AssociationInfo/a_certification.htm. NOTE: In order to apply for a practical examination in any subject area, you first must have passed the written examination for that subject area.
- B. Type or print all information. Each item in the application must be completed. Do not use abbreviations. Use additional pages if necessary and attach them to this application. If emailing electronic copies of continuation pages, use Microsoft Word formatted documents.
- C. Include a recent photograph (approximately 2 in. x 3 in. or 5 cm x 7.5 cm) with your completed application.
- D. Enclose all fees applicable to each examination for which you are applying or use the PayPal option provided on the AFTE website. Cash is not accepted. Make check or money order payable to AFTE Certification Program [U.S. currency only]. NOTE: Once you have been determined to be eligible, these fees are not refundable. If you are determined to be ineligible, all fees will be refunded minus a \$25.00 processing fee. Only those applicants who believe that they meet all the requirements for the Certification Program and each examination for which they are applying should submit an application.
- E. You will be required to sign a security agreement prior to taking any certification examinations which, if violated, could result in your expulsion from AFTE.
- F. The completed application can be submitted electronically using the "Submit via Email" button on the last page of the application, or mailed to the current Chairman of the AFTE Certification Committee.

III. APPLICANT INFORMATION:

A. Name as you would like it to appear on certificate, if successful:

Last
First

Middle Name or Initial (optional)

B. Employer (indicate if Independent)

Title/Position

C. Employer Address (Street)

City, State, Zip/Postal Code, and Country

D. Phone Number

Work

Home

Cell

Fax Number

E-mail

F. Mailing Address of Applicant (if different from above)





Applicant Information (continued)

G.	AFTE Membership Status (Regular, etc.)	Number of Years in Status	AFTE Membership #
H.	College Degree(s) and Major(s)		
I.	Name of College or University Attended	Address, City, and State	
J.	Years of Experience Since First Being Author	ized to Perform Firearm & Toolma	rk Identification Casework

K. Number of Years of Training

L. List training relative to Firearm and/or Toolmark and/or Gunshot Residue evidence examination. Be specific as to instructors, time spent in each subject area, and the curriculum followed during training. If your training did not follow a formalized curriculum, please describe in detail the training that did occur.



IV. EXAMINATIONS AVAILABLE:

A. Written Tests

List the city, state, and approximate date that you wish to take each examination:

- 1. Firearm Written Test (\$50)
- 2. Doolmark Written Test (\$50)
- 3. Gunshot Residue Written Test (\$50)

B. Practical Tests

List the city, state, and approximate date that you wish to take each examination:

	1. Firearm Practical Test (\$200)	L			
	Date Firearm Written Test Tal	ken	[
	2. Toolmark Practical Test (\$200)	[
	Date Toolmark Written Test T	aken	[
	3. Gunshot Residue Practical Test (\$	200)			
	Date Gunshot Residue Written	Test T	aken		
☐ International Shipping Fee (\$130, if applicable)					
C.	Total amount of applicable fees paid:			🔘 PayF	al O Check (Make payable to "AFTE")
				O Purc	hase/Money Order
V. <u>PROCTOR INFORMATION</u> (Refer to AFTE website for requirements):					
A.	Name				
В.	B. Mailing Address (Street) Work Home				
C.	City, State, and Zip/Postal Code				Country
D.	Phone Number Work Home Cell Fax Nu	umber		I	E-mail
E.	Employer (indicate if Independent)			Title/Positio	on



Proctor Information (continued)

F. AFTE Member?	Yes No (Note: Most AFTE members who are <u>not</u> AFTE certified are ineligible)		
G. AFTE Certified	 I? Yes No If yes, what area(s)? Firearm Toolmark Gunshot Residue 		
H. *Other Forensic	Science Certification(s) (check all that apply):		
	ard of Criminalistics (ABC) Diplomate Fellow Criminalistics Comprehensive Criminalistics Specialty:		
Internationa	l Association of Identification (IAI)		
Area(s):			
Other:			
I. *Professional Affiliations (forensic science organizations with an enforceable code of ethics):			
Other: If qualifying under (I Association of Identification (IAI) H), please provide copy of current certificate or most recent notification of certified status. I), please provide proof of membership.		
otes/Comments:			
true, correct, complet to this application ma	best of my knowledge and belief, all of the information on and attached to this application is e, and made in good faith. I understand that false or fraudulent information on or attached ay be grounds for not being allowed to take the requested tests. I understand that any ay be investigated. I have read and understand the AFTE recertification policy.		
Signature of Applica	ant [Typing name here and emailing application constitutes a valid electronic signature] Date of Application		
Did you	include the following additional required documents?:		

Submit via Email

Reset	Form

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*Photograph (approximately 2" x 3" or 5 cm x 7.5 cm)

Proof of payment or check/money order/purchase order Proctor's proof of other certification or forensic organization

*Copy of college diploma and/or transcripts

membership (if Proctor is not AFTE member)

*Copy of resume or curriculum vitae