

Association of  
**Firearm and Tool Mark Examiners**



**CERTIFICATE OF APPLICANT QUALIFICATION**

**To Be Completed by Reference of Applicant:**

**APPLICANT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**By signing this certificate, I declare that I am familiar with the above applicant's work and will vouch for his/ her expertise and competence in the field of Firearm and/or Tool Mark Identification.**

**Reference (Printed Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED AND SUBMITTED WITH AFTE REGULAR APPLICATION PACKAGE (ONE CERTIFICATE FOR EACH REFERENCE)**