

ASSOCIATION OF FIREARM AND TOOL MARK EXAMINERS APPLICATION FOR PROVISIONAL OR REGULAR MEMBERSHIP

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| TYPE OR PRINT – DO NOT ABBREVIATE – USE ADDITIONAL PAGES AS NECESSARY – COMPLETE ALL QUESTIONS – ENCLOSE CHECK/MONEY ORDER IF REQUIRED | | |  |
| LAST NAME, FIRST NAME MIDDLE INITIAL | | | |
| EMPLOYER | POSITION TITLE | | |
| BUSINESS ADDRESS | | | |
| CITY, STATE, ZIP CODE | COUNTRY | | |
| BUSINESS AREA CODE AND PHONE NUMBER | PRIMARY EMAIL ADDRESS | SECONDARY EMAIL ADDRESS | |
| HOME ADDRESS (OPTIONAL) | | AREA CODE AND HOME PHONE NUMBER (OPTIONAL) | |
| CITY, STATE, ZIP CODE (OPTIONAL) | | COUNTRY (OPTIONAL) | |
| DATE OF BIRTH | PLACE OF BIRTH | CITIZENSHIP | |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR | | AREA CODE AND PHONE NUMBER | |
| MONTH AND YEAR YOU BEGAN TRAINING IN FIREARMS/TOOL MARK EXAMINATION / IDENTIFICATION | | | |
| YOUR TRAINING COORDINATOR | | AGENCY EMPLOYED BY | |
| ADDRESS | | AREA CODE AND PHONE NUMBER | |
| CITY, STATE, ZIP CODE | | | |
| LIST TRAINING RELATIVE TO FIREARMS AND/OR TOOL MARK EXAMINATION (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED) | | | |
| | | | |
| LIST RELATIVE SCHOOLS, SEMINARS AND/OR CONFERENCES YOU HAVE ATTENDED (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED) | | | |
| | | | |
| LIST RELATIVE MANUFACTURING FACILITIES YOU HAVE TOURED (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED) | | | |
| | | | |
| LIST OTHER LABORATORIES YOU HAVE VISITED (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED) | | | |
| | | | |
| PERCENTAGE OF YOUR WORK TIME SPENT ON FIREARMS AND/OR TOOLMARK EXAMINATION AND IDENTIFICATION | | | |

APPLICATION FOR MEMBERSHIP – PAGE 2

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| NUMBER OF FIREARM AND/OR TOOL MARK CASES SUBMITTED TO YOUR LABORATORY PER YEAR |
| NUMBER OF FIREARM AND/OR TOOLMARK CASES YOU PERSONALLY RECEIVE PER YEAR |
| NUMBER OF COURT QUALIFIED FIREARMS EXAMINERS/TRAINEES IN YOUR LABORATORY |
| INDICATE SPECIFICALLY YOUR FIREARM AND/OR TOOLMARK EXAMINATION RELATED DUTIES (USE ADDITIONAL SHEETS AS NEEDED) |
| |
| |
| |
| INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED) |
| |
| |
| |
| HOW MANY TIMES HAVE YOU TESTIFIED DUE TO YOUR EXPERIENCE RELATIVE TO FIREARM AND/OR TOOLMARK EVIDENCE? |
| WHEN WAS THE LAST TIME YOU TESTIFIED RELATIVE TO FIREARMS AND/OR TOOLMARK EVIDENCE? |
| GIVE THE HIGHEST LEVEL OF EDUCATION – COLLEGE DEGREES & YEAR(S) OBTAINED |
| LIST ALL PREVIOUS EMPLOYMENT AS FIREARMS/TOOLMARK EXAMINER, LENGTH OF TIME WITH EACH EMPLOYER |
| |
| |
| LIST MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS THAT RELATE TO FIREARMS AND/OR TOOLMARK EXAMINATION/ IDENTIFICATION |
| |
| EXACT WORDING AND SPELLING OF YOUR NAME AS YOU PREFER IT TO APPEAR ON THE MEMBERSHIP CERTIFICATE |
| |
| INCLUDE A COPY OF YOUR C .V. OR RESUME WITH THIS APPLICATION AND IF APPLYING FOR PROVISIONAL, A CHECK PAYABLE TO AFTE FOR \$135.00. |
| <p>I hereby apply for membership in the ASSOCIATION OF FIREARM AND TOOL MARK EXAMINERS. I agree to abide by the Association’s Bylaws and Code of Ethics. I agree to support the purpose of AFTE, which is to advance and improve the knowledge and techniques pertaining to the examination of firearms and toolmarks. As a member of AFTE, I pledge to conduct myself ethically, establish and maintain standards, to sponsor and support research and to collect and disseminate information relative to firearms and toolmark examinations.</p> |
| <hr/> SIGNATURE |
| <hr/> DATE |

AFTE APPLICANT RECOMMENDATION

Name of Applicant: _____

Date: _____

| | |
|--|--|
| 1. How long have you known the applicant? | _____ Years _____ Months <input type="checkbox"/> Don't know applicant personally |
| 2. Do/Did you work with the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2A. If so, how long have / did you work with the applicant? | _____ Years _____ Months |
| 3. Have you personally reviewed the applicant's work product? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3A. If yes, approximately how many times? | _____ |
| 3B. When was the last time? | _____ |
| 4. Did you train or assist in the training of the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4A. If no, do you feel the applicant has/is receiving the proper training in Firearm and Tool Mark Identification? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. How long has the applicant been conducting microscopic comparisons of firearms related evidence? | <input type="checkbox"/> Applicant is not conducting comparisons _____ Years _____ Months <input type="checkbox"/> Don't know |
| 6. Is Firearm and Tool Mark Identification the applicant's primary duty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you feel this applicant is of good moral and ethical character? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you recommend this applicant for Provisional Membership in AFTE without reservation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional comments: | |

REQUIRED INFORMATION from person providing this recommendation

Printed Name: _____

Signature: _____

Address: _____

Phone Number: _____

AFTE Member Number: _____

Your AFTE Status Provisional Distinguished

Regular Emeritus Technical Advisor Non-member