| 3.6 1  | 3 T |  |
|--------|-----|--|
| Member | No. |  |

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

| TYPE OR PRINT – DO NOT ABBREVIATE – USE ADDITIONAL PAGES AS NECESSARY – COMPLETE ALL QUESTIONS – ENCLOSE CHECK/MONEY ORDER IF REQUIRED |                |                            |                            | THIRM AND TOP               |  |
|--|----------------|----------------------------|----------------------------|-----------------------------|--|
| LAST NAME, FIRST NAME MIDDLE INITIAL  EMPLOYER POSITION TITLE  |                |                            |                            |                             |  |
| EMPLOYER 1   |                | POSITION TITI              | LE                         |                             |  |
| BUSINESS ADDRESS   |                |                            |                            | 1969                        |  |
| CITY, STATE, ZIP CODE COUNTRY  |                | COUNTRY                    |                            |                             |  |
| BUSINESS AREA CODE AND PHONE NUMBER PRIMARY EMAIL ADDRESS SECONDARY EMAIL ADDRESS  |                |                            |                            |                             |  |
| HOME ADDRESS (OPTIONAL)  | 1              |                            | AREA CODE AND HO           | OME PHONE NUMBER (OPTIONAL) |  |
| CITY, STATE, ZIP CODE (OPTIONAL)  COUNTRY (OPTIONAL)   |                |                            |                            |                             |  |
| DATE OF BIRTH  | PLACE OF BIRTH |                            | CITIZEN                    | 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**

| NUMBER OF TREARM ANDOR TOOLMARK CASIS VOUPERSONALLY RECEIVE PER YEAR  NUMBER OF COURT QUALIFIED FIREARMS EXAMINEESTRAINESS IN YOUR LABORATORY  INDICATE SPECIFICALLY VOUR FIREARM ANDOR TOOLMARK EXAMINATION RELATED DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY ANY OTHER DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIF | MIMBED OF RIDEADM AND OF TOOL MADY CASES COMMETTED TO VOLD A RODATION DED VEAD   |
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| NUMBER OF COURT QUALIFIED FIREARM AND/OR TOOLAARK EXAMINATION RELATED DUTIES (USE ADDITIONAL SHEETS AS NEEDED)  INDICATE SPECIFICALLY YOUR FIREARM AND/OR TOOLAARK 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 TOOLAARK EVIDENCE?  WHEN WAS THE LAST TIME YOU TESTIFIED BELATIVE TO FIREARMS AND/OR TOOLAARK EVIDENCE?  GIVE THE HIGHEST LEVEL OF EDUCATION - COLLEGE DEGREES A YEARS) OBTAINED  LIST AIL PREVIOUS EMPLOYMENT AS FIREARMS/TOOLAARK EXAMINER, LENGTH OF TIME WITH EACH EMPLOYER  LIST MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS THAT RELATE TO FIREARMS AND/OR TOOLAARK 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. N. OR RESUME WITH THIS APPLICATION AND HE APPLYING FOR PROVISIONAL,  A CHECK PATABLE TO AFTE FOR SIXED.  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.   | NUMBER OF FIREARM AND/OR TOOL MARK CASES SUBMITTED TO YOUR LABORATORY PER YEAR   |
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| SIGNATURE  | 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 |
|  | SIGNATURE  |

## AFTE APPLICANT RECOMMENDATION

Date:

| 1. How long have you known the applicant?  | YearsMonths                             |  |  |  |
|--|---|--|--|--|
|  | ☐ Don't know applicant personally       |  |  |  |
| 2. Do/Did you work with the applicant?   | Yes No                                  |  |  |  |
| 2. Dorbid you work with the applicant:   |   |  |  |  |
| 2A. If so, how long have / did you work with the applicant?  | Years Months                            |  |  |  |
| 3. Have you personally reviewed the applicant's work product?  | Yes 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?   | Yes No                                  |  |  |  |
| 4A. If no, do you feel the applicant has/is receiving the proper training in Firearm and Tool Mark Identification? | ☐ Yes ☐ No                              |  |  |  |
| 5. How long has the applicant been conducting  | Applicant is not conducting comparisons |  |  |  |
| microscopic comparisons of firearms related  |   |  |  |  |
| evidence?  | Years Months                            |  |  |  |
|  | _                                       |  |  |  |
|  | Don't know                              |  |  |  |
| 6. Is Firearm and Tool Mark Identification the applicant's primary duty?   | Yes No                                  |  |  |  |
| 7. Do you feel this applicant is of good moral and   | Yes No                                  |  |  |  |
| ethical character?   |   |  |  |  |
| 8. Do you recommend this applicant for Provisional   | Yes No                                  |  |  |  |
| Membership in AFTE without reservation?  |   |  |  |  |
| Additional comments:   |   |  |  |  |
|  |   |  |  |  |
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|  |   |  |  |  |
| REQUIRED INFORMATION from person providing the   | nis recommendation                      |  |  |  |
| Printed Name: Si   | gnature:                                |  |  |  |
| Address:   |   |  |  |  |
| Phone Number: AFTE Member Number:  |   |  |  |  |
| Your AFTE Status Provisional Regula  | r  Technical Advisor                    |  |  |  |
| ☐ Distinguished ☐ Emerito  | ıs Non-member                           |  |  |  |

Provisional Applicant Recommendation Form Revised 031824 JAW Page 1 of 1

Name of Applicant: