

**AFTE PROVISIONAL/REGULAR 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 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