AFTE PROVISIONAL/REGULAR APPLICANT RECOMMENDATION

Name of Applicant:	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
2A. If so, how long have / did you work with the applicant?	YearsMonths
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 microscopic comparisons of firearms related	Applicant is not conducting comparisons
evidence?	YearsMonths
	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 ethical character?	Yes No
8. Do you recommend this applicant for	Yes No
Membership in AFTE without reservation? Additional comments:	
REQUIRED INFORMATION from person providing this recommendation	
Printed Name: Signature:	
Address:	ETE Mombor Number
	FTE Member Number: r
Your AFTE StatusProvisionalRegulaDistinguishedEmerit	