

## AFTE ASSOCIATE MEMBER 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?	Yes                      No
3A. If yes, approximately how many times?	_____
3B. When was the last time?	_____
4. Which of these duties does the applicant perform in the crime lab?	Test firing Individual characteristic database entries Individual characteristic database correlations Serial number restoration Issuing reports Testifying in court Other Other Don't know
5. Do you feel this applicant is of good moral and ethical character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you recommend this applicant for Associate 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