

# 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					
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

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 <b>PAYABLE TO AFTE FOR \$135.00.</b>
<p><b>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.</b></p>
<hr/> <b>SIGNATURE</b>
<hr/> <b>DATE</b>

## 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?	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?	<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