Association of Firearm and Tool Mark Examiners
CERTIFICATION PROFICIENCY TESTING STATUS REPORT

For Calendar Year: ☐

Signing this form certifies that:

1. The proficiency test samples were analyzed, to the greatest extent practicable, in the same manner as casework according to accepted protocols of the certificant's laboratory.
2. The test file (results and supporting documentation) will be maintained for at least five (5) years
3. Copies of supporting documentation will be made available to the AFTE Certification Committee if requested.

Certificant Name

AFTE Membership #

Name of Employer (indicate if Independent)   Phone # ☐Work ☐Home ☐Cell   E-mail

Name and Title of Immediate Supervisor   Phone #

Subject Areas In Which You Are Currently Certified:

☐ **Firearm Evidence Examination and Identification (Date next recertification is due:** ☐ **)**
☐ **Toolmark Evidence Examination and Identification (Date next recertification is due:** ☐ **)**
☐ **Gunshot Residue Evidence Examination and Identification (Date next recertification is due:** ☐ **)**

Firearm Identification Proficiency Test Details

Test Provider	Test ID Code	Participant ID Code	Date Submitted	Results
				☐Satisfactory ☐Unsatisfactory* ☐Did Not Complete**

Toolmark Identification Proficiency Test Details

Test Provider	Test ID Code	Participant ID Code	Date Submitted	Results
				☐Satisfactory ☐Unsatisfactory* ☐Did Not Complete**

Gunshot Residue Proficiency Test Details

Test Provider	Test ID Code	Participant ID Code	Date Submitted	Results
				☐Satisfactory ☐Unsatisfactory* ☐Did Not Complete**

*If any test results were unsatisfactory, give approximate date this determination was made: ☐

**If a test was not completed this year, give brief reason why and expected date of completion:

Signature [Typing name here and emailing application constitutes a valid electronic signature]   **Date**

Submit via Email

8/10/20 GDD (changed email recipient)