



# Association of Firearm and Tool Mark Examiners

Dear Applicant,

We appreciate your interest in AFTE. To be eligible for **Provisional** membership, you must be either an experienced Firearm and/or Toolmark Examiner or in training as a Firearm and/or Toolmark Examiner. Experience and training must include Firearm/Toolmark Identification as defined in the AFTE Glossary.

*“**Firearms Identification:** A discipline of forensic science which has as its primary concern to determine if a bullet, cartridge case or other ammunition component was fired by a particular firearm.”*

*“**Toolmark Identification:** Toolmark identification is a discipline of forensic science which has as its primary concern to determine if a toolmark was produced by a particular tool.”*

This information is intended to assist you in determining your eligibility. Please carefully read the Bylaws (which can be viewed at [www.afte.org](http://www.afte.org)), notably the Preamble and Article III Section 1B and Section 2A, to determine your eligibility. Additionally, the AFTE Code of Ethics can be viewed on the AFTE website. By signing the second page of the application, you agree to abide by the AFTE Bylaws and Code of Ethics once you have been accepted as a member.

Should you feel that you are qualified for membership and wish to apply, please read the Bylaws and Code of Ethics, complete the following application and please keep in mind the following things:

- The \$35 application fee is non-refundable. Receipts for the application fee and first year dues are provided by the Treasurer only upon request.
- The application requires two recommendations (AFTE Bylaws Article III Section 2A1d). The preferred format for recommendations is the **Applicant Recommendation Form**. One is included in this packet and can also be found on the AFTE website ([www.afte.org](http://www.afte.org)) as a downloadable file. Those providing recommendations may also submit a traditional recommendation letter, which should state the working relationship between you and the person recommending you, and why that person feels you should be accepted as Provisional Member. Any letters submitted must be individual in nature and not the same/essentially the same letter or memo signed by two different people.
- The application calls for recommendations from two Regular Members of the Association. However, as a provisional membership applicant, you may have provisional AFTE members or non-AFTE members provide recommendations. If you include provisional or non-AFTE member recommendations, then you must write an additional letter explaining why two Regular AFTE members were not used as references. If you need assistance with letters of recommendation, you can contact the Chair of the AFTE Advisory Committee for assistance. Consult the AFTE website for Committee information.
- Provisional membership is valid for a minimum of 3 years and a **maximum of 5 years**. A Provisional member **MUST APPLY** for advancement to Regular membership within this time period. It is the responsibility of the individual member to ensure application to regular membership is received within this time period.

Inquiries regarding subscription to the AFTE Journal or to obtain back issues of the AFTE Journal should be directed to the Treasurer. Should you have any other questions, please feel free to contact me.

Sincerely,  
Jessica Winn  
Membership Secretary

# ASSOCIATION OF FIREARM AND TOOL MARK EXAMINERS APPLICATION FOR PROVISIONAL MEMBERSHIP



<b>TYPE OR PRINT – DO NOT ABBREVIATE – USE ADDITIONAL PAGES AS NECESSARY – COMPLETE ALL QUESTIONS – ENCLOSE CHECK/MONEY ORDER</b>		
<b>LAST NAME, FIRST NAME MIDDLE INITIAL</b>		
<b>EMPLOYER</b>	<b>POSITION TITLE</b>	
<b>BUSINESS ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>	<b>COUNTRY</b>	
<b>BUSINESS AREA CODE AND PHONE NUMBER</b>	<b>PRIMARY EMAIL ADDRESS</b>	<b>SECONDARY EMAIL ADDRESS</b>
<b>HOME ADDRESS (OPTIONAL)</b>		<b>AREA CODE AND HOME PHONE NUMBER (OPTIONAL)</b>
<b>CITY, STATE, ZIP CODE (OPTIONAL)</b>		<b>COUNTRY (OPTIONAL)</b>
<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>CITIZENSHIP</b>
<b>NAME AND TITLE OF IMMEDIATE SUPERVISOR</b>		<b>AREA CODE AND PHONE NUMBER</b>
<b>MONTH AND YEAR YOU BEGAN TRAINING IN FIREARMS/TOOL MARK EXAMINATION / IDENTIFICATION</b>		
<b>YOUR TRAINING COORDINATOR</b>		<b>AGENCY EMPLOYED BY</b>
<b>ADDRESS</b>		<b>AREA CODE AND PHONE NUMBER</b>
<b>CITY, STATE, ZIP CODE</b>		
<b>LIST TRAINING RELATIVE TO FIREARMS AND/OR TOOL MARK EXAMINATION (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED)</b>		
<b>LIST RELATIVE SCHOOLS, SEMINARS AND/OR CONFERENCES YOU HAVE ATTENDED (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED)</b>		
<b>LIST RELATIVE MANUFACTURING FACILITIES YOU HAVE TOURED (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED)</b>		
<b>LIST OTHER LABORATORIES YOU HAVE VISITED (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED)</b>		
<b>PERCENTAGE OF YOUR WORK TIME SPENT ON FIREARMS AND/OR TOOLMARK EXAMINATION AND IDENTIFICATION</b>		

# APPLICATION FOR PROVISIONAL/REGULAR 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 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 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?	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 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

# Association of Firearm and Tool Mark Examiners



## PROVISIONAL MEMBER REQUEST CHECK-LIST

- Did you review the AFTE Bylaws to determine your eligibility?
- Did you make a check payable to **AFTE for \$135**? Dues may also be paid using Pay Pal using the link from the AFTE website/online payments/Provisional Member Application Fee. (\$35 of this amount is a non-refundable application fee. Please note on your application if you used Pay Pal for payment. Upon acceptance the remaining \$100 will be applied toward Membership dues. If for any reason the applicant is not granted membership, the \$100 will be refunded.)
- Is your application **completely** filled out (Pages 1 & 2), **signed and dated** (Page 2)?
- Do you have two recommendations \*? In accordance to the AFTE Bylaws Article III, Section 2 (A) (1)(d):

*(d) submit letters of recommendation from two (2) Regular Members of the Association. In the event the applicant for membership is unable to obtain letters of recommendation from two (2) Regular Members, a letter of explanation shall be attached to the application indicating the reason(s) the recommendations are not available to the applicant. In the absence of two regular members who are knowledgeable enough to comment on the merits of the applicant, the Board of Admissions may consider recommendations from judges, prosecuting attorneys, defense attorneys, and/or the equivalent.*

**\*You may have Provisional AFTE members, Attorneys and Judges write letters of recommendation or complete the Applicant Assessment; however, you must include a letter or email of explanation indicating why individuals other than Regular AFTE members were chosen to recommend you.**

**NOTE: If traditional letters of recommendation are submitted, the Board of Admissions requires that each letter be personalized, not the same/essentially the same letter or memo signed by two different people.**

- Have you included your current Curriculum Vitae, Statement of Qualifications, or Resume?

**Please do not staple completed application packet**  
**If all the above requirements have been completed then your application should be ready to mail to the following address:**

**Jessica Winn (Membership Secretary)**  
CA DOJ BFS Fresno Regional Lab  
5311 N. Woodrow Ave.  
Fresno, CA 93740