





**Association of Firearm and Tool Mark Examiners**  
**APPLICATION FOR CERTIFICATION PROGRAM**

G. Phone Number (Business)

Fax Number

E-mail

H. Number of years in Firearm & Toolmark Identification

I. Name and Title of Immediate Supervisor

Phone Number

J. AFTE Membership Status (Regular, etc.)

Number of years in Status

AFTE #

K. Give Highest Level of Education in years

College Degree(s) and Major Course Work

L. Name of College Institution

Address City and State

L. List training relative to Firearm and/or Tool Mark and/or Gunshot Residue evidence examination. Be specific as to instructors, time spent in each subject area and the curriculum followed during training. If your training did not follow a formalized curriculum, please describe in detail the training that did occur.



IV. EXAMINATIONS AVAILABLE:

**A. Firearm Written Test    Toolmark Written Test    Gunshot Residue Written Test**

**List the City, State, Date and Time that you wish to take each examination:**

- 1. Firearm Written Test**
- 2. Toolmark Written Test**
- 3. Gunshot Residue Written Test**

**B. Firearm Practical Test    Toolmark Practical Test    Gunshot Residue Practical Test**

- 1. Date of Firearm Written Test**
- 2. Date of Toolmark Written Test**
- 3. Date of Gunshot Residue Written Test**

**List the City, State, Date and Time that you wish to take each examination:**

- 4. Firearm Practical Test**
- 5. Toolmark Practical Test**
- 6. Gunshot Residue Practical Test**

**C. Total amount of applicable fees enclosed:**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not being allowed to take the requested tests. I understand that any information I give may be investigated.

**Signature of Applicant**

**Date of Application**  
(Revised 6-23-2002)