

AMERICAN BOARD OF CRIMINALISTICS, INC.

Application For:
REACTIVATION OF DORMANT CERTIFICATE

Please complete the following application using black pen.

1A. Full Name _____
Last First Middle

1B. Print your name exactly as you wish it to appear on the certificate (exclude degrees).

-
- 2A. Check the area you were certified in:
_____ Technical Specialist: Drug Analysis
_____ Technical Specialist: Molecular Biology
_____ Fellow: Drug Analysis
_____ Fellow: Molecular Biology
_____ Fellow: Biochemistry
_____ Fellow: Fire Debris Analysis
_____ Fellow: Trace Evidence: Hairs and Fibers
_____ Fellow: Trace Evidence: Paints and Polymers

2B. Your Certificate Number: _____

2C. The Expiration Date on your Certificate: _____

3. Last four digits of Social Security Number _____

4A. Present Employer _____

4B. Date Employed _____

4C. Employer Address _____
Street

City, State/Province, Country, and Zip Code/Postal Code

Telephone Number FAX E-Mail

5. Current job title Date Started _____

6. List the forensic organizations to which you belong (regional, national, and international):

7. Specialty areas in which you have at least two years experience and are currently active.

- | | | |
|---|--|--|
| <input type="checkbox"/> Forensic Biology | <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Molecular Biology |
| <input type="checkbox"/> Trace Evidence | <input type="checkbox"/> Hairs & Fibers | <input type="checkbox"/> Paints & Polymers |
| <input type="checkbox"/> Drug Analysis | <input type="checkbox"/> Toxicology | <input type="checkbox"/> Blood Alcohol |
| <input type="checkbox"/> Fire Debris | <input type="checkbox"/> Gunshot Residue | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Soils | <input type="checkbox"/> Glass | <input type="checkbox"/> Firearms |
| <input type="checkbox"/> Other (specify) | | |

DECLARATION:

I will provide the American Board of Criminalistics Board of Directors additional information pertinent to the proper processing of this application;

I waive any right to confidentiality of the information supplied on this application and any additional information requested by the American Board of Criminalistics Board of Directors relating to the processing of the application;

I acknowledge that in the event of any misstatement or misrepresentation of a material fact in the Application process, or in the event that any of the aforementioned conditions are violated by me, the American Board of Criminalistics may disqualify me from receiving a Certificate; suspend such a Certificate; revoke such a Certificate; or require the surrender of such a Certificate to the American Board of Criminalistics.

I will hold the American Board of Criminalistics, its officers, examiners, and agents free from any claim, damage, or liability by reason of action, they or any of them may take in respect to this application, including but not limited to, the failure of the American Board of Criminalistics to issue to me such Certificate, or the suspension, revocation, or making of any demand for the surrender of an issued Certificate, or the removal of my name from the list of persons certified.

Signature of Applicant

Date

Statement of Application Confirmation

(if unable to obtain, attach Application Insert-Request for Application Confirmation Waiver)

I, as the laboratory director or immediate supervisor of the person named on this application for a Certificate of Professional Competency in Criminalistics, have reviewed this application and determined the information to be complete and accurate.

Signed

Date

Title

Phone

American Board of Criminalistics, Inc.

Employment Verification Sheet

To: The ABC Registrar

I hereby certify that the following ABC Certificate Holder:

performed work for me of a forensic nature during _____ (Year). The nature of the work can include forensic analysis/analyses, report writing, and/or court testimony.

Signed

Date

Employer / Company