

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

Print Name

Title

Phone

For ABC Use Only
Credentials Committee Approval
_____ (Signature)
Date: _____