

# International Association For Identification, Inc.

Certification Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

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SIZED



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Application for Certification by the I.A.I.  
as a Certified Footwear Examiner

## Instructions to the Applicant:

- a. Please consult the requirements for Certified Footwear Examiner.
- b. Type or print all information. Each item in the application must bear an entry. If none is applicable, so state. Use extra sheets for additional information. Identify the material being furnished, and show your name and address on each sheet.
- c. All materials must be submitted in duplicate, including this application and the letters of endorsement.
- d. Attach a current, autographed photograph of yourself in the space provided on this application, and on the duplicate application.
- e. Enclose a fee of \$200.00 US currency for IAI members or \$300.00 for non-members, payable by International Check. Make check or money order payable to the I.A.I. Footwear Certification Board.  
**Note:** This fee is not refundable. Only persons who believe they clearly meet the requirements for certification should submit an application.
- f. Mail the completed application and the attachments to: Rodney A. Schenck  
357 Pennant Lane  
Fairburn, GA 30213
- g. Inquires maybe made by e-mail to: Rodney.Schenck@us.army.mil

1. Name: \_\_\_\_\_ 2. Sex: \_\_\_\_\_ 3. DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

4. Print your name exactly as you wish it to appear on your certificate: \_\_\_\_\_

5. If you have been known by, or used, another name professionally? - Please specify  
\_\_\_\_\_

6. Have you ever been convicted of a felony or any crime involving moral turpitude: [ ] Yes [ ] No

If "Yes", please explain: \_\_\_\_\_

7. Home Address: \_\_\_\_\_  
Street or Post Office Box City State Zip Code

8. Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Home Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

9. Office Address: \_\_\_\_\_  
Organization or Agency Department or Division

City State or District Zip Code Country

10. Office Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Office Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

11. Forensic Work Experience ( List your experience for the past ten years, starting with your present employment. Attach additional copies of this page if required.):

Name of Employer & Address: \_\_\_\_\_

Inclusive Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Job Title: \_\_\_\_\_

Full Time or Part Time? \_\_\_\_\_ List Duties and Responsibilities (especially note Footwear Examination duties):  
\_\_\_\_\_

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What percentage of your duties is spent in the performance of footwear related duties? \_\_\_\_\_ Percent

Name and address of immediate supervisor: \_\_\_\_\_  
Name Title  
Address City State Zip Code Telephone Number

Name of Employer & Address: \_\_\_\_\_

Inclusive Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_

Full Time or Part Time? \_\_\_\_\_ List Duties and Responsibilities (especially note Footwear Examination duties):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage of your duties is spent in the performance of footwear related duties? \_\_\_\_\_ Percent

Name and address of immediate supervisor: \_\_\_\_\_  
Name Title  
Address City State Zip Code Telephone Number

12. Education: \_\_\_\_\_  
Name Address Degree Yr. Graduated

If you have not attended any university, please state the numbers of years of experience you have in the examination of footwear impression evidence: \_\_\_\_\_ Years

13. Technical Training Received that was related to Footwear Impression Examination: \_\_\_\_\_  
\_\_\_\_\_

14. Professional Awards and Honors: \_\_\_\_\_  
\_\_\_\_\_

15. Professional Experience:
- a. How long have you been employed in the performance of Footwear Examination duties? \_\_\_\_\_ Years
  - b. Have you testified in a criminal court regarding the results of a comparative footwear examination, which you have performed?  Yes  No  
Approximately how many times in your career? \_\_\_\_\_ Times  
Approximately how many times in the past three years? \_\_\_\_\_ Times
  - c. Approximately how many Footwear cases have you examined:  
In your career \_\_\_\_\_ Cases In the past three years \_\_\_\_\_ Cases  
Approximately how many of these cases involved comparative examinations of unknown footwear impressions to known footwear? \_\_\_\_\_ Cases
  - d. Are all your examination results verify?  Yes ;  No
  - e. Have you served as an Instructor for Footwear Examinations?  Yes  No  
Are you currently an instructor for Footwear Examination subjects?  Yes  No



If the applicant is rejected for any reason, a new application may be submitted after the period of six months from rejection, accompanied by the current fee.

In making this application to the International Association for Identification for the issuance to me of a Certificate of Qualification, all in accordance with and subject to its Articles of Incorporation, Bylaws, and such other governing provisions, from time to time, are in force ( herein collectively referred to as its regulations), I agree to disqualification from the issuance to me of a Certificate; suspension of such Certificate; revocation of such Certificate; or to surrender of such Certificate to the International Association for Identification, in the event of any misstatement or misrepresentation of a material fact in this application or in the event that any of the aforementioned regulations applicable to such Certificate is violated by me, as determined by the International Association for Identification. I further agree to hold the International Association for Identification, 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 of this application including, but not limited to, the failure of the International Association for Identification to issue 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 such certificates.

In support of this application, I certify, under oath or affirmation, that all of the statements made herein or associated herewith are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

Acceptable payment methods include credit card, check (personal or business), or money order.

**CREDIT CARD PAYMENT**

**Please complete ALL information below for required authorization. Thank you!**

Visa     MasterCard     Discover     American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Print Name (as it appears on credit card)

\_\_\_\_\_  
Security Code (back of card)

\_\_\_\_\_  
Expiration Date (month/year)

Billing Address:

Street

City

State or Province

Zip or Postal Code

Country