



International Association For Identification

Application for Forensic Photography Certification

Instructions for Applicant

- Please type or print all information. Each item in the application must bear an entry. If "None" is applicable, so state. Use extra sheets for all additional information. Identify the material being furnished and show your name and address on each sheet.
- All materials must be submitted in duplicate, including two letters of endorsement
- Attach a current, signed photograph of yourself in the space provided on each copy of the application.
- Enclose the current fee of \$150.00 U.S. funds. Make check or money order payable in U.S. funds to the I.A.I. Forensic Photography Certification Board. Please NOTE THAT THE FEE IS NON REFUNDABLE. Only persons who believe they clearly meet the qualifications and requirements for certification should submit applications.
- Mail the completed application and attachments to:

David T. Gamble, Secretary
 Forensic Photography Certification Board
 417 Jefferson Ave
 Avon, NJ 07717

Application Number

Issue Date

**STAPLE SIGNED
 PHOTOGRAPH
 HERE**

1. NAME: _____ 2. SEX: _____ 3. DOB: _____
Last First M.D> MM/DD/YYYY

4. PLEASE PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON THE CERTIFICATE: _____

5. LIST ANY OTHER NAMES YOU HAVE USED, INCLUDING MAIDEN NAME: _____

6. MAILING ADDRESS: _____
Street or P.O. Box Number

City State/Province Zip/Postal Code

() _____ () _____
Work Telephone Number Home Telephone Number

() _____ _____
Fax Telephone Number E-mail Address

7. PLACE OF BIRTH: _____

8. CITIZENSHIP: _____

15. List below any articles related to Forensic Photography that you have authored or co-authored (use additional sheets if necessary):

Title of Publication	Date	Title of Article	Subject of Article
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. List below any professional presentations or workshops related to Forensic Photography that you have presented at an educational seminar, workshop, or conference (use additional sheets if needed):

Title of Presentation/workshop	Subject Covered	Date	Seminar/Workshop/Conference
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Are you formally recognized as an instructor in Forensic Photography? _____

Are you currently any classes/topics related to Forensic Photography? _____

Academy or Institution	Address	Topic Taught	Date last taught
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. PROFESSIONAL EXPERIENCE (List chronologically starting with the present)

a. Employer and Address: _____

Inclusive Dates: _____ Title: _____

Full-time or Part-Time: _____ Duties and Responsibilities: _____

What percentage of your time is spent on Forensic Photography? _____

Name, and address of your immediate supervisor: _____

b. Employer and Address: _____
 Inclusive Dates: _____ Title: _____
 Full-time or Part-Time: _____ Duties and Responsibilities: _____

What percentage of your time is spent on Forensic Photography? _____
 Name, and address of your immediate supervisor: _____

c. Employer and Address: _____
 Inclusive Dates: _____ Title: _____
 Full-time or Part-Time: _____ Duties and Responsibilities: _____

What percentage of your time is spent on Forensic Photography? _____
 Name, and address of your immediate supervisor: _____

19. Membership(s) in Professional Organizations, including IAI, IAI State/Regional Divisions, EPIC, and PPA:

Organization	Offices Held	Other Positions/Appointments	Dates Of Membership

20. List below two references other than those submitting letters:

Name	Complete Address	Telephone Number

21. List below any additional information you think may be helpful to the board in assessing your qualifications for certification: _____

Code of Ethics for Forensic Photographers

Being certified by the International Association for Identification, and being actively engaged in the Forensic Photography profession, I dedicate myself to my work in the forensic community, and respect the constitutional rights of all people to liberty, equality, and justice.

I will never act officiously, and will strive to always make objective decisions in my profession. I will devote myself to unite, promote, and distribute, within the profession, any advancements in my effort too more effectively photograph items of evidentiary value.

I will apply my technical knowledge factually, with perseverance and conviction to preserve the ethical standards of the profession of scientific investigation.

I will constantly strive to achieve these objectives and ideals, dedicating myself to the highest professional ethics in my chosen profession.

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, By-Laws, and such other group governing provisions as, from time to time, are in force (hereinafter collectively referred to as its regulations), I agree to disqualification from the issuance to me of a Certificate; suspension of such Certificate; or to the surrender of such Certificate to the International Association for Identification, in the event of any misrepresentation of a material fact in this application or in the event of any of the aforementioned regulations applicable to such Certificate are 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

If the applicant is rejected for any reason, a new application may be submitted after a period of six months from rejection, accompanied by the current retesting fee of \$100.00.

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