



# American Board of Forensic Document Examiners, Inc.

## APPLICATION FOR RECERTIFICATION IN DOCUMENT EXAMINATION

**INSTRUCTIONS TO APPLICANT:** Please type or print all information. Each item in the application must bear an entry. State "N/A" where not applicable. **The completed form is due March 30<sup>th</sup> of the current year.**

Name \_\_\_\_\_

Certificate Number \_\_\_\_\_

Date of Certification \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. List employers from the last five (5) years, starting with your most recent position. If necessary, use extra sheets of paper for additional employer information. Identify the material being furnished and show your name and address on each sheet.

Employer: \_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_ Length of time in position: \_\_\_\_\_

Exact nature of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Select one or more of the following activities in which you are currently engaged:

- forensic document examination
- direct supervision of other forensic document examiners
- training forensic document examiners

### AFFIRMATION TO ABIDE BY THE CODE OF ETHICS

The American Board of Forensic Document Examiners requires all applicants for re-certification to possess and maintain integrity and a good reputation in his/her profession. By affixing your signature below, you agree to abide by the Code of Ethics and Professional Conduct as defined in the American Board of Forensic Document Rules and Procedures Guide **and** affirm that all of the information provided in this application is true and correct to the best of your knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*